**2023 Associate Membership Application**

Thank you for your interest in joining Philanthropy Colorado. Please complete all sections of the membership application and attach the requested supporting documents.

Organization Name: Click here to enter text.

Year Established: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Employer Identification No.: Click here to enter text.

Phone: Click here to enter text. Website: Click here to enter text.

General email (if applicable): Click here to enter text.

Applying as:

☐ Sole Practitioner

☐ Firm, 2-5 staff

☐ Firm, 6+ staff

☐ Philanthropic Consultant ☐ Philanthropic Advisor ☐ Attorney

☐ CPA ☐ Other: Click here to enter text.

**Staff Information**

Primary Contact Name: Click here to enter text. Title: Click here to enter text.

Primary Contact Email: Click here to enter text.

No. of full-time staff: #

No. of part-time staff: #

Are you a member of other local, regional, or national philanthropic support associations/councils? [ ]  Yes [ ]  No If yes, please list: Click here to enter text.

**Reference/Referrals**

Please provide a reference from a current Philanthropy Colorado member (see [Member Directory](https://www.philanthropycolorado.org/directory)) or three referrals from active non-member Colorado grantmaking organizations (ie: organizations that have made Colorado grants within the last two years).

**Referral from a Philanthropy Colorado Member:**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

**or References from three active Colorado non-member grantmaking organizations.**

**Reference #1**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**Reference #2**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**Reference #3**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**Visit the** [**Become a Member**](https://www.philanthropycolorado.org/join) **webpage for Associate Membership Criteria.**

**Membership Dues**

Membership in Philanthropy Colorado is on a calendar year basis. Dues of new members are prorated based on the date of membership.

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| --- | --- |
| **Associate Member Type** | **2023 Dues** |
| Sole Practitioner | $680 |
| Firm with up to 5 Local FTEs | $1,115 |
| Firm with more than 5 Local FTEs | $1,660 |

**Submit Membership Application**

Please return a completed application and supporting materials by email to info@philanthropycolorado.org

or mail to:
Philanthropy Colorado
5855 Wadsworth Bypass, Unit A
Arvada, CO 80003

By submitting this application, I certify our organization meets the membership criteria for Philanthropy Colorado. I acknowledge that solicitation is strictly prohibited at CAF events.

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Name [electronic signatures accepted)