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

## Organization Information

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

## Staff Information

* Attorney
* CPA
* Other (describe): Click here to enter text.

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: #

Please provide the email addresses for all staff members to receive Philanthropy Colorado eNewsletters, invitations and resources. Please list: Click here to enter text.

# About Your Membership Interests

Why do you want to become a member of Philanthropy Colorado? Which membership benefits are of greatest interest to you? Click here to enter text.

How did you learn about Philanthropy Colorado? Click here to enter text.

# Reference/Referrals

Please provide a reference from a current Philanthropy Colorado member (see [Member](https://www.philanthropycolorado.org/directory) [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.

# Membership Dues

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

|  |
| --- |
| **2024 Associate Membership Dues** |
| Sole Practitioner | $ 715 |
| Firm with up to 5 local FTEs | $1,115 |
| Firms with more than 5 local FTEs | $1,670 |

# Submit Membership Application

Please return a completed application to:

Philanthropy Colorado info@philanthropycolorado.org

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 Philanthropy Colorado events.

Signature Date