



# Membership Application

## Private Grantmaker

### Submitter Details

Submitter Name: \_\_\_\_\_

Submitter Title: \_\_\_\_\_

Submitter Email: \_\_\_\_\_ Submitter Phone: \_\_\_\_\_

### Organization Details

Organization: \_\_\_\_\_

Employer Identification Number (EIN – if applicable): \_\_\_\_\_

Billing Address Line 1: \_\_\_\_\_

Billing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

LinkedIn Profile: \_\_\_\_\_

### Funding Interest Areas (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Inequality   |
| <input type="checkbox"/> Health & Well-being          | <input type="checkbox"/> Climate: Energy, Oceans, Wildlife, Land, Responsible Consumption |
| <input type="checkbox"/> Arts & Culture               | <input type="checkbox"/> Hunger & Food Security/ Agriculture                              |
| <input type="checkbox"/> Place-Based Philanthropy     | <input type="checkbox"/> Clean Water & Sanitation   |
| <input type="checkbox"/> Gender Equality              | <input type="checkbox"/> Work & Economic Growth   |
| <input type="checkbox"/> Global Programs              | <input type="checkbox"/> Peace & Justice  |
| <input type="checkbox"/> Philanthropic Infrastructure |   |
| <input type="checkbox"/> Public Policy                |   |
| <input type="checkbox"/> Disaster Response            |   |

### Geographic Funding Areas (check all that apply):

- ☐ Local (list counties served): \_\_\_\_\_
- ☐ States (list states served or indicate all): \_\_\_\_\_
- ☐ International (regions served):
- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Africa    | <input type="checkbox"/> Central America | <input type="checkbox"/> Oceania       |
| <input type="checkbox"/> Asia      | <input type="checkbox"/> Europe          | <input type="checkbox"/> South America |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> North America   |  |

## Organization Type

- ☐ Independent Foundation      ☐ Family Foundation      ☐ Operating Foundation  
☐ Health Conversion      ☐ Grantmaking LLC

## Contact Person's Details

### Primary Council Contact (required)

This contact should be the member of your organization that wishes to receive all Council communications. They serve as your organization's representative in nominating and electing candidates to our board of directors.

- ☐ Same as Submitter

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Organization Manager Contact (required)

This contact should be the member of your organization that has the rights to view and edit all employee and organizational information (i.e. adding and removing employees, editing address information).

- ☐ Same as Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing Contact (required)

This contact should be the member of your organization that receives and manages all membership billing information.

- ☐ Same as Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## What excites you most about being a part of the Council community? Select all that apply:

- ☐ Savings and discounts  
☐ Access to legal resources and staff  
☐ Council programs and events  
☐ Interaction with Council staff  
☐ Connections with peers in the philanthropic community  
☐ Informing our public policy and advocacy work  
☐ Other

## How did you hear about Council membership? Select all that apply:

- ☐ Council Event  
☐ Digital Advertisement  
☐ Previous Council Membership  
☐ Social Media  
☐ Word of Mouth/Peer Recommendation  
☐ Other

## Membership Dues

Private grantmakers self-report assets from their most recent completed fiscal year to determine their annual Council membership dues.

Assets	Annual Dues
\$999,999 & under	\$1,000
\$1,000,000-\$4,999,999	\$2,500
\$5,000,000-\$29,999,999	\$4,000
\$30,000,000-\$99,999,999	\$7,500
\$100,000,000-\$199,999,999	\$10,000
\$200,000,000-\$299,999,999	\$15,000
\$300,000,000-\$599,999,999	\$20,000
\$600,000,000-\$1,999,999,999	\$25,000
\$2,000,000,000-\$9,999,999,999	\$35,000
\$10,000,000,000 & over	\$45,000

### Your Assets

\_\_\_\_\_ List your Assets Total from your most recently completed fiscal year.

### Reporting Year

\_\_\_\_\_ List the year you are reporting from.

### Membership Dues

\_\_\_\_\_ Based on annual dues grid above.

### Join the Greater Good Circle

\_\_\_\_\_ Membership only covers a portion of our core operating budget. We ask you to consider making a gift to help us advance philanthropy in the pursuit of the greater good.

### Total Contribution

\_\_\_\_\_ ☐ I confirm that all above amounts are correct.

☐ Members of the Council agree to abide by the Council's Ethical Principles as a condition of membership.

In recognition of the importance of philanthropy effectively building trust and advancing the greater good, Council members aspire to meet our Ethical Principles as a condition of Council membership. Learn more at [cof.org/ethical](http://cof.org/ethical).

Thank you for your interest in joining the Council on Foundations. Please complete and return this form by email to [membership@cof.org](mailto:membership@cof.org) or mail it to Council on Foundations, Attention: Membership Department, 1255 23rd Street NW, Suite 200, Washington DC 20037. Your application will be reviewed by a member of our team. If approved, we will send a membership statement to your billing contact with details on how to remit payment and share more information on how your organization can take advantage of our member-exclusive benefits. Please feel free to contact us with questions 800-673-9036 or [membership@cof.org](mailto:membership@cof.org).