

Membership Application

Associate Member

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: _____

How has your organization served philanthropy or in what way is your organization associated with philanthropy?

Type of Organization

For Profit Nonprofit Individual

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
- 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

The annual membership dues for associate members is determined by your organization type.

Organization Type	Annual Dues
For-Profit	\$7,500
Nonprofit	\$1,000
Individual	\$1,500

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.

Thank you for your interest in joining the Council on Foundations. Please complete and return this form by email to 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.