

Membership Application

Non-US or Tribal 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 country/community served): _____

- States/provinces: _____

- 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 | |

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)

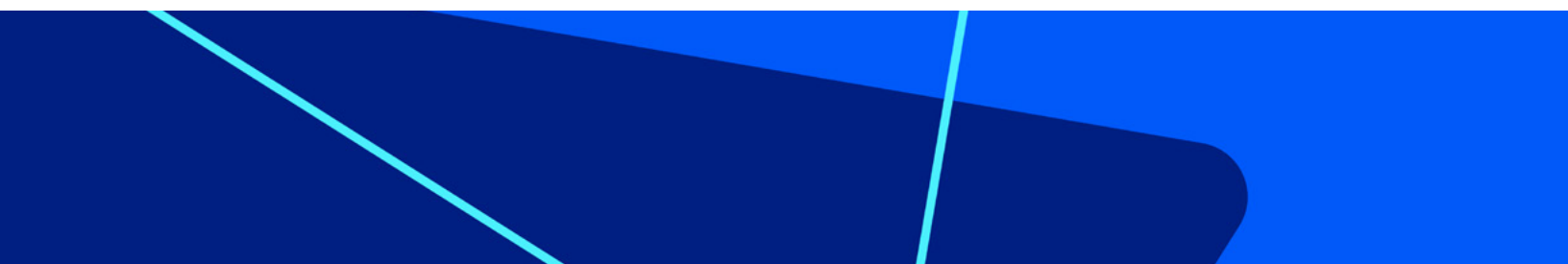
This contact should be the member of your organization that receives and manages all membership billing information.

Same as Primary Contact

Name: _____

Title: _____

Email: _____ Phone: _____



Membership Contribution

Non-US and tribal grantmakers self-report annual assets from their most recent completed fiscal year to determine their annual Council membership contribution.

Organization Type	Annual Contribution
\$999,999 & under	\$1,000
\$1,000,000-\$49,000,000	\$2,500
\$50,000,000 & over	\$5,000

Your Assets

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

Reporting Year

List the year you are reporting from.

Membership Contribution

Based on annual contribution 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.

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 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.

