

Associate Membership Application

Thank you for your interest in joining Philanthropy Missouri as an **Associate Member**. You may apply at any time during the year. Once submitted, your application will be reviewed for approval by the PhilMO Engagement Committee, and then we will contact you with further instructions.

About Philanthropy Missouri

Founded in 1970, Philanthropy Missouri (PhilMO) is Missouri's premier philanthropy-serving organization, a statewide membership association of funders and philanthropic partners.

Vision We envision a thriving and equitable Missouri, served by a collaborative, purpose-driven, and effective philanthropic sector.

Mission To equip, connect, and energize our Members and partners for thoughtful action and greater impact.

Values

- **Belonging** – We cultivate relationships and build community where individuals and institutions are understood, respected, and invited to contribute.
- **Courageous Leadership** – We inspire the sector to challenge norms and mobilize resources to advance opportunities to thrive in Missouri.
- **Equity** – We believe identity should not predict outcomes for Missourians and use that lens to share our work and influence philanthropic practice.
- **Impact** – We create an environment of shared learning to forward a strategic, collaborative, and equitable philanthropic sector.

Terms of Membership

Membership Eligibility

Associate Members are those for whom the majority of their business activity is providing services in support of effective grantmaking and nonprofit service delivery. The Associate Member organization, or their designated representative, must spend more than 50% of their time serving the sector.

These services include but are not limited to:

- Evaluation and services for grantmakers and nonprofits
- Strategic planning for grantmakers and nonprofits
- Advising clients about best practices in philanthropic giving
- Financial management or financing for grantmakers and nonprofits

Disqualifying factors include but are not limited to vendors who provide or sell products to grantmakers and nonprofits.

Final approval of applicant Members is made by the Philanthropy Missouri Engagement Committee and is based on the applicant's fit with the eligibility criteria stated above. Philanthropy Missouri does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or any other legally protected characteristics.

Conditions of Membership

In being considered for membership, an organization must indicate willingness to:

- Complete the attached application;
- State how the professional services provided support/enhance effective charitable giving;
- Agree not to use membership to solicit* donations or business;
- Commit to equal opportunity practices in hiring;
- Pay the annual membership fee when invoiced at the time of application and annually thereafter when billed.

**Solicitation includes but is not limited to use of the Member Directory and contacts to promote and/or make a direct ask for business or funding, and/or engaging in those types of activities in person during Philanthropy Missouri events and programs. Note that if Members feel solicitation has occurred, we reserve the right to revoke membership with no refund of membership dues.*

Associate Member Benefits

Membership in Philanthropy Missouri ensures you aren't left alone in your work.

PhilMO Members are:

EQUIPPED

• Access **curated resources** on the latest data, community concerns, philanthropic trends, and innovative approaches.

CONNECTED

• Cultivate **relationships** and build **community**, during **networking programs**.

• Exchange knowledge and experiences with your peers that **support you personally and professionally**.

ENERGIZED

• Use your learning and connections to more **confidently navigate** an evolving philanthropic landscape.

• Grow in **courageous leadership** as you **advance opportunities for all Missourians to thrive**.

**PhilMO is where philanthropic leaders belong;
we can make a bigger impact together.**

Associate Membership Application



Organization Information

Organization Name			
Street Address			
City			
State		Zip	
EIN			
Website			
Main Phone		Main Email	

Have you ever been affiliated with an organization that was a Member of Philanthropy Missouri?

- Yes
 No

If yes, please identify the timeframe and affiliation:

Primary Areas of Services Provided to Donors and Nonprofits *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Private Banking | <input type="checkbox"/> Systems Change/Policy |
| <input type="checkbox"/> Other: | |

Average Number of Clients Served Per Year
(check one)

- 1-25
 26-50

- 51-99
 100+

Categories of Clients Served (check all that apply)

<input type="checkbox"/> Community Foundations	<input type="checkbox"/> Federated Funds
<input type="checkbox"/> Corporate Foundations	<input type="checkbox"/> Individual Donors
<input type="checkbox"/> Corporate Giving Programs	<input type="checkbox"/> Independent Foundations
<input type="checkbox"/> Donor Advised Funds	<input type="checkbox"/> Nonprofit Service Providers
<input type="checkbox"/> Family Foundations	
<input type="checkbox"/> Other:	

Geographic Service Area (check all that apply-refers to MO regions)

<input type="checkbox"/> Northwest Missouri	<input type="checkbox"/> Northeast Missouri	<input type="checkbox"/> KC Metro
<input type="checkbox"/> Central Missouri	<input type="checkbox"/> Southwest Missouri	<input type="checkbox"/> Southeast Missouri
<input type="checkbox"/> STL Metro	<input type="checkbox"/> National (U.S.)	<input type="checkbox"/> International

Membership Interest Information

My organization is interested in joining Philanthropy Missouri because:

In what ways might you use your membership to expand the knowledge and capabilities of Missouri grantmakers and strengthen the philanthropic sector? Please provide any examples of ways you might contribute your expertise.

Supplementary Information

To help Philanthropy Missouri better serve your needs, please provide a **client list** and **marketing brochure or list of services** with your application.

Contact Information

Primary Contact: Serves as the voting Member for your organization’s membership and is the main representative in the Member Directory. They may also serve as the billing liaison.

Name		Title	
Email		Phone	

Admin Contact: Has privileges to manage the organization’s Member Directory profile, including updating organization profile and affiliated contacts. **Same as Primary**

Name		Title	
Email		Phone	

Billing Contact: Receives annual dues renewal packets. **Same as Primary** **Same as Admin**

Name		Title	
Email		Phone	

Annual Dues

Membership dues are **\$500 annually for Associate Membership**. Once your application is approved, you will receive an electronic invoice. Dues must be received in order to receive Member benefits.

Signature of Primary Contact

Date

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Please send your completed application and supplementary information to:

Email: michelle@philmo.org

Mail: Philanthropy Missouri, Attn: Michelle Miller, CEO
5501 Delmar Blvd, Suite A310, St. Louis, MO 63112

Philanthropy Missouri is a 501(c)(3) nonprofit EIN: 43-0953940

For more information, access our website at www.philanthropymissouri.org