

Associate Membership Application



PHILANTHROPY MISSOURI

Thank you for your interest in joining Philanthropy Missouri as an Associate Member. Once submitted, your application will be reviewed for approval by Philanthropy Missouri's Engagement Committee, then we will contact you with further instructions.

Organization Information

Organization:

Street Address:

City: State: ZIP Code:

Main Phone: EIN:

Main Email: Website:

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

- Yes If yes, please identify timeframe and affiliation:
- No

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

- | | | |
|--|--|---|
| <input type="radio"/> Accounting | <input type="radio"/> Private Banking | <input type="radio"/> Tax Law |
| <input type="radio"/> Estate Planning | <input type="radio"/> Program Evaluation | <input type="radio"/> Other: <input type="text"/> |
| <input type="radio"/> Financial Services | <input type="radio"/> Strategic Planning | |

Average Number of Clients Served Per Year: (check one)

- | | |
|-----------------------------|------------------------------|
| <input type="radio"/> 1-25 | <input type="radio"/> 51-100 |
| <input type="radio"/> 26-50 | <input type="radio"/> 100+ |

Categories of Clients Served: (check all that apply)

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

Geographic Service Area: (check all that apply – refers to Missouri regions)

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> Northwest | <input type="radio"/> Northeast | <input type="radio"/> Metro East, Illinois |
| <input type="radio"/> Kansas City Metro | <input type="radio"/> Southeast | <input type="radio"/> National |
| <input type="radio"/> Kansas City, Kansas | <input type="radio"/> Central | <input type="radio"/> International |
| <input type="radio"/> Southwest | <input type="radio"/> St. Louis Metro | |

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? Please provide any examples of ways you might contribute your expertise.

Supplementary Information

To help Philanthropy Missouri better serve your needs, please provide the following items with your application:

- Client list
- Marketing brochure or list of services

Contact Information

Primary Contact:

The primary contact serves as the voting member for your organization's membership, and is listed as the main representative in the Member Directory. They may also serve as the billing liaison.

Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Admin Contact:

The admin contact has special privileges to manage the organization's Member Directory profile, including updating organization information and updating contacts who are affiliated with the organization.

Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Same as Primary Contact

Billing Contact:

The billing contact will receive annual dues renewal packets.

Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Same as Primary Contact
- Same as Admin Contact

Your Philanthropy Missouri membership covers participation for all staff within your organization working directly in the sector. If your membership is approved, we will ask you to provide us with a list of additional people affiliated with your organization who are authorized to utilize your membership benefits, receive our communications, and access the Members-only section of the Philanthropy Missouri website.

Annual Dues

Annual membership dues are **\$500 for Associate Membership**. Once your application is approved you will be notified and an invoice will be sent to the primary contact at your organization. Dues must be received in order to receive member benefits.

Background & Terms of Membership

Founded in 1970, Philanthropy Missouri (formerly known as Gateway Center for Giving) is Missouri's premier philanthropy-serving membership association. Members rely on us for education, research, training, information-sharing and networking services to help their charitable giving achieve maximum impact.

Philanthropy Missouri's vision is for a thriving and equitable Missouri, served by a collaborative, purpose-driven, and effective philanthropic sector. We work to realize that vision with a mission to equip, connect, and energize our members and partners for thoughtful action and greater impact.

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
- Single source consultants for whom more than 80% of their business is one activity (ie. Vendors and technical consultants)

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 and 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 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.*

Signature of Primary Contact:

Date:

Please send your completed application and supplementary information to:

Via Email:

michelle@philmo.org

Via Mail:

Philanthropy Missouri
Attn: Michelle Miller, CEO
2 Oak Knoll Park, Suite 300
St. Louis, MO 63105

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

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

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