PARTNERSHIP FOR PHILANTHROPIC PLANNING
&
EVANSVILLE AREA FUNDRAISING COUNCIL

NEW MEMBER APPLICATION

Name: _____

Title: _____

Organization: _____

_____

Address: _____

_____

City/State/Zip: _____

Phone: _____

FAX: _____

E-mail: _____

DUES
(Choose one)

☐ I would like to make a professional commitment to planned giving by joining the **Partnership for Philanthropic Planning** and the **Evansville Area Fundraising Council.**

Full Membership Dues $200.00 _____

☐ PPP-Only Dues $190.00 _____

☐ Council-Only Dues $50.00 _____

PAYMENT OPTIONS:

☐ Check payable to **Partnership for Philanthropic Planning**

☐ Credit Card ___AmEx ___MasterCard ___VISA

Card Number:_____

Expiration date: (mm/yy) _____ / _____

Name as it appears on card:_____

Name of Corp., if Corporate Card:_____

Signature:_____

PPP STAFF USE ONLY

ID#_____ CHK#_____ Amount_____

For your convenience, credit card dues payments may be made immediately on our website at www.pppnet.org (select Join/Renew).

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (see reverse side), and I accept the responsibility to abide by that Code.

_____

Signature Required

Membership is available to individuals only and is not transferable. Membership is effective for one year from the date dues are received.

IMPORTANT NOTE: **Make checks payable to Partnership for Philanthropic Planning.** All applicable council dues will be forwarded to your council. Please retain a copy for your records and return this form to **Partnership for Philanthropic Planning**, 233 McCrea St., Suite 400, Indianapolis, IN 46225, (317) 269-6274, Fax (317) 269-6268.