



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: (Example: 111-222-3333) \_\_\_\_\_

Website: (Example: https://xyz.org or N/A) \_\_\_\_\_

Year Established: \_\_\_\_\_ Number Of Staff: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_ Facebook Page: \_\_\_\_\_ LinkedIn Profile: \_\_\_\_\_

Funding Interest Areas(check all that apply):

- Education
- Global Programs
- Climate: Energy, Oceans, Wildlife, Land, Responsible Consumption
- Health & Well-being
- Philanthropic Infrastructure
- Hunger & Food Security/Agriculture
- Arts & Culture
- Public Policy
- Clean Water & Sanitation
- Place-Based Philanthropy
- Disaster Response
- Work & Economic Growth
- Gender Equality
- Inequality
- Peace & Justice

Geographic Funding Areas(check all that apply):

Local (List Counties Served): \_\_\_\_\_

States (List States Served or Indicate All): \_\_\_\_\_

International

Regions Served:

- Africa
- Caribbean
- Europe
- Oceania
- Asia
- Central America
- North America
- South America



Organization Type

- Independent Foundation, Family Foundation, Operating Foundation, Health Conversion, Grantmaking LLC

Contact Persons 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

Private grantmakers self-report assets from their most recent completed fiscal year to determine their annual Council membership contribution.

Table with 2 columns: Assets, Annual Contribution. Rows include asset ranges from \$999,999 & under to \$10,000,000,000 & over, with corresponding annual contributions from \$1,000 to \$45,000.

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 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.