



## Pittsburgh Planned Giving Council Membership Application

Make checks payable to the Pittsburgh Planned Giving Council (PPGC). Please send the membership form, along with payment, to: PPGC, P.O. Box 9729, Pittsburgh, PA 15229

**Individual Membership (\$150 per year):** Membership is for one individual and extends one year from the join date. Membership benefits (free attendance at programs, discounts, etc.) are not transferrable.

**Group Membership (\$600 per year):** Membership is for up to five (5) individuals from the same institution; additional members can be added for \$140 / member. At nine (9) members, the 10th member is free. All members on a group membership receive full benefits of individual membership.

**Emerging Professional Membership (\$75 per year):** Membership is for an individual holding some degree of responsibility directly for planned giving and/or general fundraising, is compensated for their services and are new to the field of planned giving (2 years or less). Membership in this category is limited to two consecutive years.

Individual Member's Name:

\_\_\_\_\_ *Group Membership, please complete additional Individual Member(s) Information on reverse page)*

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Who pays for your dues:

- Self
- Organization

Year in Profession: \_\_\_\_\_

Organization Annual Budget:

- <\$1 million
- \$1-2.9 million
- \$3-4.9 million
- >\$5 million

Organization Type:

- Arts/Cultural
- Advocacy
- Animal/Environment
- Education
- Healthcare
- Human Services
- Practicing Attorney
- Financial Services Professional
- Bank/Trust Officer
- Foundation
- Consultant
- Insurance
- Other: \_\_\_\_\_

**Additional Members - GROUP MEMBERSHIPS ONLY:**

2nd Individual Member's Name:

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I certify that I have read and subscribe to the ***Model Standards for the Charitable Gift Planner*** and I accept the responsibility to abide by that Code.

3rd Individual Member's Name:

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I certify that I have read and subscribe to the ***Model Standards for the Charitable Gift Planner*** and I accept the responsibility to abide by that Code.

4th Individual Member's Name:

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I certify that I have read and subscribe to the ***Model Standards for the Charitable Gift Planner*** and I accept the responsibility to abide by that Code.