

Membership Application



Indiana Grantmakers
ALLIANCE

- Community Foundation
- Independent (Private) Foundation
- Family (Private) Foundation
- Corporate Foundation
- Corporate Contributions Program
- Public Foundation

Foundation/Corporation Name _____

Chief Executive Officer _____

email _____ website _____

Address _____

City _____ State _____ Zip _____

Administrative Contact _____

(to whom routine correspondence should be addressed)

Title _____ email _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Board Chair _____

email _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

**If you would like other staff or board members to receive mailings, please attach additional page(s).*

Membership Support

Membership support is based on the amount of grants paid by your organization in the latest reporting year. Please see the enclosed form for the dues structure (effective 1/1/06). Minimum dues are \$300, and the maximum is \$12,500. For foundations / corporations headquartered outside the State of Indiana, the fee is based on the amount of the grants paid within Indiana.

Membership is for a full 12 months and will be prorated, as appropriate.

Grants paid in (year) _____ \$ _____

Please make checks payable to the Indiana Grantmakers Alliance.

Attachments

Please enclose the following:

- Annual Report and/or Annual Grants Report
- Published policies and application procedures
- Form 990 or 990-PF

Signed _____ Date _____