



Membership Application

Date: _____

MPGC | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Fax: 651.290.2266 | Phone: 651.290.7474 | www.mnpgc.org

Contact Information

First Name: _____ Last Name: _____

Organization: _____ Job Title: _____

Gender: ☐ Male ☐ FemaleThe below information is: ☐ Home ☐ Work

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Postal Code: _____

Phone: _____ Cell: _____ Toll Free: _____

Fax: _____ Web Address: _____

Email: _____ ☐ Remove me from the blast email listOrganization Size: ☐ Less than 25 ☐ 25-50 ☐ 51-100 ☐ 100+Funds Raised: ☐ Under \$250k ☐ \$250k- 500k ☐ \$500k - 1 m. ☐ \$1 m. - 3 m. ☐ \$3 m. - 5 m. ☐ \$5 m. - 10 m. ☐ \$10 m. - 25 m.

I am a:

Select all that apply☐ CFP ☐ CPA☐ ChFC ☐ CLU☐ CFRE ☐ CAP☐ JD ☐ Other: _____

I am a member of the following organizations:

☐ PPP - Partnership for Philanthropic Planning ☐ American Bar Association☐ AFP - Association of Fundraising Professionals ☐ American Council on Gift Annuities☐ AHP - Association of Healthcare Professionals ☐ Estate Planning Council☐ CASE - Council for the Advancement and Support of Education☐ Other _____

Please check industry & services

☐ Accounting/Tax☐ Banking☐ Education☐ Human Resources☐ Religious☐ Advocacy☐ Business☐ Financial Services☐ Law☐ Social Services☐ Arts/Cultural☐ Consulting☐ Health/Medical☐ Org. Development☐ Other: _____

Please check primary employer:

☐ Educational Institution☐ Financial Planning Practice/Firm☐ Hospital/Health Care Org.☐ Insurance Company/Firm☐ Religious Organization☐ Accounting Practice/Firm☐ Social Service Organization☐ Law Practice/Firm☐ Environmental Organization☐ Consulting Practice/Firm☐ Arts Organization☐ Bank or Trust Company☐ Community Foundation☐ Brokerage Firm☐ Youth Serving Organization☐ Family Office☐ Other Nonprofit Organization☐ Other For-profit Business

Please check professional focus

☐ Annual Giving☐ Estate Planning☐ Major Giving☐ Management☐ Planned Giving

Are you interested in volunteering? If so, what committee(s) are of interest to you?

☐ Annual Conference ☐ Education (Brisk Walk) ☐ Programs ☐ Communication☐ Leave A Legacy Minnesota ☐ Finance and Fund Development ☐ Membership

Payment *(all fields are required fields)*

☐ 1 year of membership in the Minnesota Planned Giving Council (MPGC): \$90☐ Additional contribution to support the vitality and sustainability of MPGC activities: \$ _____ **Total: \$** _____☐ VISA ☐ MasterCard ☐ Check (payable to MPGC)

Amount Enclosed: \$ _____

If paying by credit card, all fields are required.

Card number: _____ Exp. Date: _____ Sec Code: _____

Print name of cardholder: _____

Signature: _____

Cardholder Phone: _____

Cardholder Address: _____

Mail with payment to: Minnesota Planned Giving Council, 1000 Westgate Drive, Suite 252, St. Paul, MN 55114

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		