



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 Female **The 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 email list

I am a:

Select all that apply

- CFP JD
- CPA CFRE
- Other: _____

I am a member of the following organizations:

- CGP - National Association of Charitable Gift Planners
- AFP - Association of Fundraising Professionals
- AHP - Association of Healthcare Professionals
- CASE - Council for the Advancement and Support of Education
- Other: _____
- FPA - Financial Planners Association
- American Bar Association
- American Council on Gift Annuities
- Estate Planning Council
- Leave a Legacy Chapter

Did you decide to become a member after attending any of the following events? Select one

- A Breakfast Program
- A Leave Giving at Lunch Webinar
- The Brisk Walk Through the Basics™ Seminar
- The Annual Conference

Please check primary employer type:

Nonprofit Organization

- Arts/Cultural Organization
- Community Foundation
- Educational Institution
- Environmental Organization
- Hospital/Healthcare Organization
- Religious Organization
- Social Service Organization
- Other Nonprofit Organization: _____

Legal/Financial Organization

- Accounting Practice/Firm
- Bank or Trust Company
- Brokerage Firm
- Financial Planning Practice/Firm
- Insurance Company/Firm
- Law Practice Firm

Planned Giving Service Provider

- Consulting Practice/Firm
- Marketing
- Technology
- Other For-profit Business: _____

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

- Annual Conference
- Leave A Legacy Minnesota
- Brisk Walk Programs
- Communication
- Membership
- Finance and Fund Development

Are you interested in being a mentor or mentee in the Hargroves Mentorship Program?

- Yes No Mentor Mentee

Payment *(all fields are required fields)*

Total: \$ _____

- Membership in the Minnesota Planned Giving Council (MPGC): **\$125** Join/Renew for 2 years: **\$250**
- Additional contribution to support the vitality and sustainability of MPGC activities: \$ _____
- 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

<small>(For office use only)</small>	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	