



2020 Half4Half New Membership Application

**All MPGC Membership renew Oct. 1, 2020*

Date: _____

MPGC | 5353 Wayzata Blvd., Suite 350 | Minneapolis, MN 55416

Fax: 952.252.8096 | Phone: 952.564.3046 | 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:

I am a member of the following organizations:

Select all that apply

- CFP JD
- CPA CFRE
- Other: _____

- CGP - National Association of Charitable Gift Planners
- AFP - Association of Fundraising Professionals
- AHP - Association of Healthcare Philanthropy
- 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
- Brisk Walk
- Communication
- Finance & Fund Development
- Leave A Legacy Minnesota
- Membership
- Programs

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): \$135 use code *Half4Half2020* = \$67.50
- 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: _____

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

Mail with payment to: Minnesota Planned Giving Council, 5353 Wayzata Blvd., Suite 350, Minneapolis, MN 55416