

# Membership Application

Membership in Exponent Philanthropy is open to all philanthropic individuals and organizations that award gifts to more than one recipient annually. To join, please complete this form, or apply online using a credit card for payment at [www.exponentphilanthropy.org](http://www.exponentphilanthropy.org).

*\*Denotes a required field.*

Name of organization\* \_\_\_\_\_

Contact name\* \_\_\_\_\_ Title \_\_\_\_\_

Address\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_

Website \_\_\_\_\_ EIN \_\_\_\_\_

Asset base of organization\* \_\_\_\_\_ Year established \_\_\_\_\_

Legal structure\* (check only one):

<input type="radio"/> Private foundation	<input type="radio"/> Community foundation
<input type="radio"/> Private operating foundation	<input type="radio"/> Donor advised fund
<input type="radio"/> Public charity	<input type="radio"/> Other: _____

Governance structure\* (check only one):  Family  Independent  Corporate

How did you hear about Exponent Philanthropy? \_\_\_\_\_

Why are you choosing to join at this time? (Check all that apply)

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> To meet others               | <input type="checkbox"/> To get started            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> For resources/best practices | <input type="checkbox"/> To prepare for transition | _____                                 |
| <input type="checkbox"/> To save money                | <input type="checkbox"/> To increase impact        | _____                                 |
| <input type="checkbox"/> Access to legal services     | <input type="checkbox"/> For programs/trainings    | _____                                 |

### For foundations and public charities

Number of board members \_\_\_\_\_  
 Number of full-time staff \_\_\_\_\_  
 Number of part-time staff \_\_\_\_\_

### For donor advised funds

Number of donor advisors \_\_\_\_\_

### For giving circles

Number of members \_\_\_\_\_

### Funding areas

(check all that apply)

- Arts and culture
- Education
- Environment and animals
- Health
- Human services
- International
- Public affairs/society benefit
- Religion
- Science and technology
- Social sciences

### Population funding focus

(check all that apply)

- Aging/Senior
- Economically disadvantaged
- Immigrants, migrants, and refugees
- Indigenous people outside the U.S.
- Men and boys
- People with disabilities
- Religious groups
- Children and youth
- Ethnic/racial minority
- Incarcerated people
- LGBTQ
- Military personnel and veterans
- People with HIV/AIDS
- Substance abusers
- Women and girls

### Please choose your membership level:

- Signature (\$780)       SignaturePLUS (\$1,820)

Send your check and application to: Exponent Philanthropy  
 P.O. Box 65607  
 Washington, DC 20035-5607

Phone: 202-580-6560      Email: [info@exponentphilanthropy.org](mailto:info@exponentphilanthropy.org)