

Chicago Women in Philanthropy Membership Application

Name _____

Title _____

Organization _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-mail _____

(Required to receive Member Directory, e-newsletters and invitations to events and workshops)

Organization type _____

Amount enclosed _____

Dues Schedule

Please indicate:

- Funder Membership**
\$150 per person per year
- Nonprofit Membership**
\$75 per person per year
Additional memberships from the same nonprofit at \$50 per person
- Consultant/Interested Individual Membership**
\$100 per person per year
- Student Membership**
\$20 per person per year

All memberships belong to the individual and are non-transferable.

- Please complete and return one application form for each applicant.
- Make your check payable to **Chicago Women in Philanthropy**.
- Mail application(s) and check to:

Chicago Women in Philanthropy
216 W. Jackson Blvd., Ste. 625
Chicago, IL 60606

Please indicate:

- New member
- Renewing member

I am interested in joining one or more of the following CWIP committees:

- Annual Luncheon
- Communications
- Membership & Resource Development
- Program
- Technical Assistance