PARTNERSHIP FOR PHILANTHROPIC PLANNING
&
TOLEDO AREA PARTNERSHIP FOR PHILANTHROPIC PLANNING

NEW MEMBER APPLICATION

Name: _____

Title: _____

Organization: _____

_____

Address: _____

_____

City/State/Zip: _____

Phone: _____

FAX: _____

E-mail: _____

DUES

(Choose one)

☐ I would like to make a professional commitment to planned giving by joining the **Partnership for Philanthropic Planning** and the **Toledo Area Partnership for Philanthropic Planning.**

Full Membership Dues $210.00 _____

☐ PPP-Only Dues $190.00 _____

☐ Council-Only Dues $60.00 _____

PPP STAFF USE ONLY

ID#_____ CHK#_____ Amount_____

Payment Options:

For your convenience, credit card dues payments may be made directly on our website at www.pppnet.org (select Join/Renew).

You may submit payment by check. Please retain a copy for your records and return this form with check made payable to Partnership for Philanthropic Planning:

Partnership for Philanthropic Planning
233 McCrea St., Suite 300
Indianapolis, IN 46225

If you have any questions or concerns regarding membership renewal, please contact us at (317) 269-6274 or cwilson@pppnet.org

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* and I accept the responsibility to abide by that Code. (for full text, see http://www.pppnet.org/ethics/model_standards.html)

_____

Signature Required

Membership is available to individuals only and is not transferable.

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