



Membership Application

Application Details

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Organization Details

Organization:

Billing Address Line 1: \_\_\_\_\_

Billing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (Example:111-222-3333) \_\_\_\_\_

Website: (Example: https// xyx.org. or N/A) \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_ Facebook Page: \_\_\_\_\_ LinkedIn Profile \_\_\_\_\_

Funding Interest – Check All that Apply

Education	Regional Programs	Climate: Energy, Oceans, Wildlife, Land, Responsible Consumption
Health & Well –being	Philanthropic Infrastructure	Hunger & Food Security/Agriculture
Place based philanthropy	Public Policy	Clean Water & Sanitation
Gender & Equality	Disaster Response	Work & Economic Growth
	Inequality	Peace & Justice

Geographic Funding Areas (check all that apply)

Local (List/Parishes/Towns Served): \_\_\_\_\_

Islands (List Islands Served): \_\_\_\_\_

International Regions Served:

Africa	Caribbean	Europe	Oceania
Asia	Central America	North America	South America



## Membership Application

### Organization Type

**(Please check your organization type)**

Foundation

Giving Programme

Industry Partner

Independent Consultant

Does your foundation have an endowment Yes \_\_\_\_\_ No \_\_\_\_\_

### Persons Details

#### Contact Persons Details - Primary Alliance Contact (required)

This contact should be the member of your organization that wishes to receive all Alliance communications. They serve as your organization's representative in nominating and electing candidates to our board of directors.

#### Same as the Applicant

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Organization Manager Contact:

This contact should be a member of the organization that has the right to view and edit all employee and organizational information (i.e.: adding and removing employees, editing address information.)

#### Same as Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Billing Contact (Required):

This member should be a member of the organization that receives and manages all member billing information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Membership Contribution

Type of Entity	US \$
Foundation	\$500.00
Giving Programme	\$500.00
Industry Partner	\$200.00

Independent Consultant

\$200.00



Membership Application

### **Join the Alliance Giving Circle**

Membership only covers a portion of our core operating budget. We ask you to consider making a gift to help us realize our mission.

### **Total Contribution:**

I confirm all the total amounts are correct. Please sign here. \_\_\_\_\_

### **Submission Instructions**

Please complete and return this form by email to [cariphilalliance@gmail.com](mailto:cariphilalliance@gmail.com). Your application will be reviewed by a member of our team. If approved, we will send a membership statement to your billing contact with details on how to remit payment and share more information on how your organization can take advantage of our member-exclusive benefits. Please feel free to contact us with questions [cariphilalliance@gmail.com](mailto:cariphilalliance@gmail.com).

**Thank you for your interest in joining the Caribbean Philanthropic Alliance.**