

# GATEWAY CENTER FOR GIVING ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT

MAIN REPRESENTATIVE, TITLE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

FAX

E-MAIL ADDRESS

WEBSITE

## PRIMARY AREAS OF SERVICES PROVIDED TO NONPROFIT ORGANIZATIONS OR DONORS

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Estate Planning               | <input type="checkbox"/> Private Banking | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Tax Law                       | <input type="checkbox"/> Accounting      | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Other (please describe) _____ |  |   |   |

## AVERAGE NUMBER OF CLIENTS SERVED PER YEAR

- |                               |                                |                                 |                               |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-100 | <input type="checkbox"/> 101+ |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|

## TYPES OF CLIENTS SERVED

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Community Foundations         | <input type="checkbox"/> Donor Advised Funds | <input type="checkbox"/> Individual Donors           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporate Foundations         | <input type="checkbox"/> Family Foundations  | <input type="checkbox"/> Independent Foundations     |                                      |
| <input type="checkbox"/> Corporate Giving Programs     | <input type="checkbox"/> Federated Funds     | <input type="checkbox"/> Nonprofit Service Providers |                                      |
| <input type="checkbox"/> Other (please describe) _____ |  |  |                                      |

## GEOGRAPHIC SERVICE AREA

- |                                   |                                    |                                   |  |                                      |
|-----------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Regional | <input type="checkbox"/> Statewide | <input type="checkbox"/> National | <input type="checkbox"/> International | <input type="checkbox"/> Other _____ |
|-----------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|

## SUPPLEMENTARY INFORMATION *To help better serve your needs, please provide the following items with your application.*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> List of grants made in the prior year<br>(if applicable) | <input type="checkbox"/> Marketing brochure / list of services | <input type="checkbox"/> Client list |
|---|--|--------------------------------------|

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## **GATEWAY CENTER FOR GIVING ASSOCIATE MEMBERSHIP APPLICATION**

Founded in 1970, the Gateway Center for Giving is the bi-state St. Louis region's premiere resource on philanthropy, which we define as the giving of time, wisdom and wealth by groups or individuals for the common good. Organizations and individuals holding stake in philanthropy rely on the Center for Giving for education, research, training, information sharing and networking services to maximize their efforts in affecting positive change.

The Center for Giving's vision is for a thriving St. Louis region in which a strong philanthropic community and effective nonprofits collaboratively advance the quality of life of our citizens. We work to realize that vision with a mission to provide services that expand and strengthen philanthropy to enhance the St. Louis region. We are guided by the values of clarity of purpose, respect, inclusiveness, stewardship and responsiveness.

### **Membership Eligibility**

The Center for Giving's associate members are professional advisors for whom providing services in support of effective grantmaking and nonprofit service delivery represents a significant part of their business. Final approval of applicant members is made by the Center for Giving's Board of Directors or Executive Committee and is based on the applicant's fit with the eligibility criteria stated above.

### **Conditions of Membership**

In being considered for membership, an organization or individual must indicate willingness to:

- Complete the attached application;
- State a desire to enhance professional advising activities in support of effective charitable giving;
- Agree not to use their membership or the Center's programs to solicit donations or business;
- Commit to equal opportunity practices in hiring;
- Pay the \$500 annual associate membership fee at the time of application approval and thereafter when billed for annual renewal.

My signature below indicates that I have reviewed and will adhere to the conditions of associate membership in the Gateway Center for Giving

\_\_\_\_\_  
Signature of Main Representative

\_\_\_\_\_  
Date

**The Gateway Center for Giving is a nonprofit 501(c)(3) organization dedicated to providing services that expand and strengthen philanthropy to improve the St. Louis region. Dues in excess of \$500 are reportable as grants for tax filing purposes. Please return your completed application and supplementary information to the Gateway Center for Giving at 1141 South 7th Street • St. Louis, MO 63104.**

**For more information, contact Mary McMurtrey at (314) 621-6220 or via e-mail at [mary@centerforgiving.org](mailto:mary@centerforgiving.org)**