



The International Association of
Advisors in Philanthropy™

Transforming communities through inspired givingSM

Membership Application

Name _____

PLEASE CHECK THE FOLLOWING CHOICES THAT APPLY:

- Sponsor Member (No Charge, individual membership included in sponsorship package)
- Regular Members—A check for \$400 is enclosed.
- Regular Members—Please charge \$400 to my credit card. Include additional information below.
- Regular Members—I am over 65, please give me the \$100 Senior Discount. My birth year is _____.
- Complimentary 1-year, one-time, Associate Membership. New members only. Must be a member or student of an AiP Alliance Partner or PAN. Indicate your alliance _____.
- I am including a \$_____ donation to the AiP Foundation*.

*Your gift may be tax deductible. To be a charitable tax deduction, gifts need to be made payable to the **AiP Foundation**, 95 West Street, Rocky Hill, CT 06067. Thank you!

Visa MasterCard Am Ex _____ Exp Date _____ V# _____

Please complete the following information. Business information will appear on the website.

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Birthday: _____

(Year not necessary)

E-mail: _____ Website: _____

Professional Designations: (Check all that apply) CAP CFP JD CPA C3DWP
 CWC ChFC CLU CFRE Other _____

Check One: Attorney Accountant Financial Advisor Insurance Prof. Trust Officer
 NP Executive Foundation Executive Planned Giving Officer Other _____

How did you hear about AiP? _____

Signature

Date

When you join the AiP, you agree to abide by the Code of Professional Responsibility and Disciplinary Procedures adopted by the International Association of Advisors in Philanthropy, Inc. These documents are available upon request or via download from the website.

Make checks payable to:

Advisors in Philanthropy

95 West Street, Rocky Hill, CT 06067

Jaclyn@advisorsinphilanthropy.org

Toll Free: 888-597-6575 Fax: 860-721-7406