2017 Membership Application

Membership is for the 2017 calendar year and is prorated based on the membership start date.

Organization Name: _____________________________________________________________

Mailing Address: ___________________________________________________________________

Website url: _____________________________________________________________________

Issue/Focus Areas: _____________________________________________________________________

Type of Organization/Giving Program:

- Community Foundation
- Corporate Foundation
- Corporate Giving Program
- Family Foundation
- Government Agency
- Independent Foundation
- Public Foundation
- Federated Giving Program
- Other

Annual Giving in Rhode Island: _______________________________________________________

Desired Membership Level:

- Champion ($3,500)
- Leadership ($2,500)
- Supporting ($1,500)
- Member ($500)
- Member – First Year Introductory ($300)
Please check all of the following funding areas appropriate to your organization:

- Animal-related
- Arts, Culture, Humanities
- Civil Rights and Advocacy
- Community Development
- Economic Development
- Education and Youth Development
- Environment
- Faith-based Initiatives
- Financial Literacy
- Health
- Housing and Homelessness
- Human Services
- Hunger and Food Security
- International
- Medical Research
- Public Safety and Disaster Relief
- Science and Technology
- Workforce Development
- Other ________________

Organizational Contact Name: ____________________________________________

Title: ________________________________________________________________

Phone: ___________________________ Email: ________________________________

Mailing Address (if different from above): _________________________________

____________________________________________________________________

Additional Organizational Staff Who Should Receive GCRI Program Information:

Name: ___________________________ Title: ________________________________

Email: __________________________________________

Name: ___________________________ Title: ________________________________

Email: __________________________________________

Name: ___________________________ Title: ________________________________

Email: __________________________________________

Name: ___________________________ Title: ________________________________

Email: __________________________________________
Please make checks payable to Grantmakers Council of Rhode Island.

Grantmakers Council of Rhode Island
50 Valley Street
Providence, RI 02909
401-444-0628