

**PARTNERSHIP FOR PHILANTHROPIC PLANNING  
&  
MID-AMERICA PLANNED GIVING COUNCIL**

**NEW MEMBER APPLICATION**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**DUES**  
(Choose one)

<input type="checkbox"/> I would like to make a professional commitment to planned giving by joining the <b>Partnership for Philanthropic Planning</b> and the <b>Mid-America Planned Giving Council</b> .
Full Membership Dues      \$220.00      _____

PPP-Only Dues                      \$160.00      \_\_\_\_\_  
 Council-Only Dues                      \$125.00      \_\_\_\_\_

**PAYMENT OPTIONS:**

Check payable to **Partnership for Philanthropic Planning**

Credit Card    \_\_\_AmEx    \_\_\_MasterCard    \_\_\_VISA

Card Number: \_\_\_\_\_

Expiration date: (mm/yy)    \_\_\_\_ / \_\_\_\_

Name as it appears on card: \_\_\_\_\_

Name of Corp., if Corporate Card: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>PPP STAFF USE ONLY</b>		
ID# _____	CHK# _____	Amount _____

**For your convenience, credit card dues payments may be made immediately on our website at [www.pppnet.org](http://www.pppnet.org) (select Join/Renew).**

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (see reverse side), and I accept the responsibility to abide by that Code.

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**Signature Required**

Membership is available to individuals only and is not transferable. Membership is effective for one year from the date dues are received. The *Journal of Gift Planning* subscription price of one year (\$22.50) is included in the Partnership membership dues, and members may not deduct subscription price from dues.

**IMPORTANT NOTE: Make checks payable to Partnership for Philanthropic Planning.** All applicable council dues will be forwarded to your council. Please retain a copy for your records and return this form to **Partnership for Philanthropic Planning** 233 McCrea St., Suite 400, Indianapolis, IN 46225, (317) 269-6274, Fax (317) 269-6268.