

## 2019 Organization Membership Dues Schedule and Application

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

Address: \_\_\_\_\_

Total Giving as of most recent fiscal year end: \$\_\_\_\_\_ as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Membership Dues Schedule

For benefits and information on PEAK Grantmaking membership, visit: [www.peakgrantmaking.org/membership/join](http://www.peakgrantmaking.org/membership/join)

Please Select One:	Organization's Total Giving *	Dues Amount
<input type="checkbox"/>	Under \$250,000	\$500
<input type="checkbox"/>	\$250,001 - \$500,000	\$750
<input type="checkbox"/>	\$500,001 - \$1,250,000	\$1,000
<input type="checkbox"/>	\$1,250,001 - \$2,500,000	\$1,500
<input type="checkbox"/>	\$2,500,001 - \$5,000,000	\$2,000
<input type="checkbox"/>	\$5,000,001 - \$25,000,000	\$3,000
<input type="checkbox"/>	\$25,000,001 - \$50,000,000	\$3,500
<input type="checkbox"/>	Above \$50,000,000	\$7,000

\*Community Foundations should base dues on discretionary giving only.

Yes! We're joining PEAK Grantmaking as an Organizational Member with a dues amount of: \$\_\_\_\_\_

Our check payable to **PEAK Grantmaking** is enclosed. Please return this form, along with your payment, if paying by check, to:

PEAK Grantmaking, 1666 K Street, N.W., Suite 440, Washington, DC 20006

We will pay with a credit card online at: [www.peakgrantmaking.org/membership/join](http://www.peakgrantmaking.org/membership/join)

### Primary Contact Person (for membership and contribution questions)

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

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

Date Entered Profession: \_\_\_\_\_

## Additional Members

Please provide the following information for everyone in your organization who should be included in your organization membership. Please attach a separate sheet if needed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date Entered Profession: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date Entered Profession: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date Entered Profession: \_\_\_\_\_

**Highest Level Grants Manager\*** Who is the highest level grants management employee at your organization? If primary contact, check here:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date Entered Profession: \_\_\_\_\_

**Reporting Relationship\*** To whom does the highest level grants management employee at your organization report?

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Top Executives at Your Organization\*** Please list the top three executives in your organization (i.e., President/CEO, COO, CFO, etc.). Include name, title, email, and phone.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* **Why do we ask for this information?** To elevate the grants management profession, we often produce special publications aimed at those who supervise grants managers or oversee entire philanthropic organizations.