

## Associate Membership Application

Thank you for your interest in joining Philanthropy Missouri as an **Associate Member**. You may apply at any time during the year. Once submitted, your application will be reviewed for approval by the PhilMO Engagement Committee, and then we will contact you with further instructions.

### About Philanthropy Missouri

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Founded in 1970, Philanthropy Missouri (PhilMO) is Missouri's premier philanthropy-serving organization, a statewide membership association of funders and philanthropic partners.

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|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vision</b>  | We envision a thriving and equitable Missouri, served by a collaborative, purpose-driven, and effective philanthropic sector.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Mission</b> | To equip, connect, and energize our Members and partners for thoughtful action and greater impact.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Values</b>  | <ul style="list-style-type: none"><li>• <b>Belonging</b> – We cultivate relationships and build community where individuals and institutions are understood, respected, and invited to contribute.</li><li>• <b>Courageous Leadership</b> – We inspire the sector to challenge norms and mobilize resources to advance opportunities to thrive in Missouri.</li><li>• <b>Equity</b> – We believe identity should not predict outcomes for Missourians and use that lens to share our work and influence philanthropic practice.</li><li>• <b>Impact</b> – We create an environment of shared learning to forward a strategic, collaborative, and equitable philanthropic sector.</li></ul> |

### Terms of Membership

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#### Membership Eligibility

All Members generally align with the association's vision, mission, and values. Associate Members are those who provide professional assistance to grantmakers, enhance the knowledge of grantmakers, and/or provide services in support of effective grantmaking and nonprofit service delivery. The Associate Member organization, or their designated representative, must spend more than 50% of their time serving the sector.

These services include but are not limited to:

- Evaluation services for grantmakers and nonprofits
- Strategic planning for grantmakers and nonprofits
- Advising clients about best practices in philanthropic giving

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- Financial management or financing for grantmakers and nonprofits

Final approval of applicant Members is made by the Philanthropy Missouri Engagement Committee and is based on the applicant's fit with the eligibility criteria stated above. Philanthropy Missouri does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or any other legally protected characteristics.

### Conditions of Membership

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

- Complete the attached application;
- State how the professional services provided support/enhance effective charitable giving;
- Agree not to use membership to solicit\* donations or business;
- Commit to equal opportunity practices in hiring;
- Pay the annual membership dues when invoiced at the time of application and annually by January 31 thereafter.

*\*Solicitation includes but is not limited to use of the Member Directory and contacts to promote and/or make a direct ask for business or funding, and/or engaging in those types of activities in person during Philanthropy Missouri events and programs. Note that if Members feel solicitation has occurred, we reserve the right to revoke membership with no refund of membership dues.*

## Associate Member Benefits

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**Membership in Philanthropy Missouri ensures you aren't left alone in your work. PhilMO Members are:**

### EQUIPPED

• Access **curated resources** on the latest data, community concerns, philanthropic trends, and innovative approaches.

### CONNECTED

• Cultivate **relationships** and build **community**, during **networking programs**.  
  
• Exchange knowledge and experiences with your peers that **support you personally and professionally**.

### ENERGIZED

• Apply your learning and connections to more **confidently navigate—and influence—an evolving philanthropic landscape**.  
  
• Grow in **courageous leadership** as you **advance opportunities for all Missourians to thrive**.

**PhilMO is where philanthropic leaders belong;  
we can make a bigger impact together.**

# Associate Membership Application



## Organization Information

|                   |  |            |  |
|-------------------|--|------------|--|
| Organization Name |  |            |  |
| Street Address    |  |            |  |
| City              |  |            |  |
| State             |  | Zip        |  |
| EIN               |  |            |  |
| Website           |  |            |  |
| Main Phone        |  | Main Email |  |

**Have you ever been affiliated with an organization that was a Member of Philanthropy Missouri?**

- ☐ Yes  
☐ No

If yes, please identify the timeframe and affiliation:

### Primary Areas of Services Provided to Donors and Nonprofits *(check all that apply)*

- |                                             |                                                |
|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Program Evaluation    |
| <input type="checkbox"/> Estate Planning    | <input type="checkbox"/> Strategic Planning    |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Tax Law               |
| <input type="checkbox"/> Private Banking    | <input type="checkbox"/> Systems Change/Policy |
| <input type="checkbox"/> Other:             |                                                |

**Average Number of Clients Served Per Year**  
*(check one)*

- ☐ 1-25  
☐ 26-50

- ☐ 51-99  
☐ 100+

**Categories of Clients Served** *(check all that apply)*☐ Community Foundations☐ Federated Funds☐ Corporate Foundations☐ Individual Donors☐ Corporate Giving Programs☐ Independent Foundations☐ Donor Advised Funds☐ Nonprofit Service Providers☐ Family Foundations☐ Other:**Geographic Service Area** *(check all that apply-refers to MO regions)*☐ Northwest Missouri☐ Northeast Missouri☐ Greater KC☐ Central Missouri☐ Southwest Missouri☐ Southeast Missouri☐ STL Metro☐ National (U.S.)☐ International**Membership Interest Information**

My organization is interested in joining Philanthropy Missouri because:

In what ways might you use your membership to expand the knowledge and capabilities of Missouri grantmakers and strengthen the philanthropic sector? Please provide any examples of ways you might contribute your expertise.

**Supplementary Information**

To help Philanthropy Missouri better serve your needs, please provide a **client list** and **marketing brochure or list of services** with your application.

## Contact Information

Primary Contact: Serves as the main representative in the Member Directory; may also serve as the billing liaison.

|       |  |       |  |
|-------|--|-------|--|
| Name  |  | Title |  |
| Email |  | Phone |  |

Admin Contact: Has privileges to manage the organization's Member Directory profile, including updating organization profile and affiliated contacts. ☐ **Same as Primary**

|       |  |       |  |
|-------|--|-------|--|
| Name  |  | Title |  |
| Email |  | Phone |  |

Billing Contact: Receives annual dues renewal packets. ☐ **Same as Primary** ☐ **Same as Admin**

|       |  |       |  |
|-------|--|-------|--|
| Name  |  | Title |  |
| Email |  | Phone |  |

## Annual Contributions

Membership dues are **\$1,000 annually for Associate Members**. Once your application is approved, you will receive an electronic invoice. Dues must be received in order to receive Member benefits.

**Associate Member Dues Level:**

\$1,000

**Dues Plus\***

\$

\*Optional contribution, beyond annual dues, to support PhilMO.

**Signature of Primary Contact**

**Date**

|  |  |
|--|--|
|  |  |
|--|--|

Please send your completed application and supplementary information to:

**Email:** [michelle@philmo.org](mailto:michelle@philmo.org)

**Mail:** Philanthropy Missouri, Attn: Michelle Miller, CEO  
5501 Delmar Blvd, Suite A310, St. Louis, MO 63112

Philanthropy Missouri is a 501(c)(3) nonprofit EIN: 43-0953940

For more information, access our website at [www.philanthropymissouri.org](http://www.philanthropymissouri.org)

