



2018 Membership Application

for Community, Higher Education, and Healthcare Foundations

Joining the Network

Wisconsin Philanthropy Network (WPN), formerly Donors Forum of Wisconsin, is Wisconsin’s only professional membership association for grantmakers. Membership is open to grantmaking foundations, corporate giving programs, donor-advised fund holders, higher education foundations, healthcare foundations, and individual donors who grant monies for charitable purposes to beneficiaries in Wisconsin. Please review our eligibility requirements on our website for details.

WPN is proud to serve the field of philanthropy in Wisconsin and we look forward to the opportunity to serve you and your staff.

Membership Information

Organization: _____

Address: _____

City, State, Zip: _____

Website: _____

Primary Contact Information

The primary contact serves as the voting member for your organization’s membership, and receives all membership materials, in addition to being included on listserves, e-newsletters, and website access.

Name: _____ Title: _____

Phone: _____ Email: _____

Additional Staff Contact Information

Indicate additional staff that should be included on listserves, e-newsletters, and website access (or attach a listing).

#1 Name: _____ Title: _____

Phone: _____ Email: _____

#2 Name: _____ Title: _____

Phone: _____ Email: _____

#3 Name: _____ Title: _____

Phone: _____ Email: _____

#4 Name: _____ Title: _____

Phone: _____ Email: _____

#5 Name: _____ Title: _____

Phone: _____ Email: _____

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Membership Dues

by Assets (For healthcare and higher education foundations, “assets” references dollars dedicated to philanthropic endeavors, i.e. scholarships, grants, and sponsorships.)

Asset Range (Last Fiscal Year)	Standard Dues
Over \$250 million	\$ 10,000
\$100 million to 249.9 million	\$ 6,500
\$50 to 99.9 million	\$ 4,500
\$25 to 49.9 million	\$ 3,000
\$10 to 24.9 million	\$ 2,000
\$5 to 9.9 million	\$ 1,000
\$2 to 4.9 million	\$ 750
\$1 to 1.9 million	\$ 500

Total Assets: \$ _____

Membership Dues: \$ _____

Additional Support for advancing philanthropy in Wisconsin

Gift Grant

Additional Support: \$ _____

Total Enclosed: \$ _____
(Dues + Additional Support)

Membership Date

Membership is based on your organization’s anniversary date. Membership begins when payment is received, and expires one year later.

Submission

Submit the completed application via U.S. mail, fax (262.317.6001), or by emailing Laura Worcester, Director of Development, at lworcester@wiphilanthropy.org.

Non-Solicitation Policy

WPN meetings and activities are not to be used to solicit grants, to solicit for professional services, or to promote any products, services, or events. This ensures a comfortable, respectful atmosphere in which professional relationships can be maintained. Members or guests who violate this non-solicitation policy will be excluded from future WPN events and may not qualify for membership renewal.

Questions?

Please contact Laura Worcester at LWorcester@wiphilanthropy.org or call her directly at 262.317.6003.