



NATIONAL NETWORK OF  
CONSULTANTS TO GRANTMAKERS

**MEMBERSHIP APPLICATION**

Name of Primary Member: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the undersigned, have read and agree to adopt the [NNCG Code of Ethical Conduct](#).

\_\_\_\_\_  
Name Date

**Select one of the following annual dues:**

- |  |  |
|--|--|
| <input type="checkbox"/> Full Member—Individual \$395      | <input type="checkbox"/> Full Member—Institution/Firm \$1,250      |
| <input type="checkbox"/> Associate Member—Individual \$395 | <input type="checkbox"/> Associate Member—Institution/Firm \$1,250 |
| <input type="checkbox"/> Affiliate Member—Individual \$395 | <input type="checkbox"/> Affiliate Member—Institution/Firm \$1,250 |

**(Institutions/Firms may appoint up to five members within the regular firm dues. Additional representatives may be added at a \$250 annual dues surcharge per person. Enter contact information below.)**

\$ \_\_\_\_\_ Additional firm representatives

\$ \_\_\_\_\_ Additional Contribution (to support NNCG's field-building mission)

\$ \_\_\_\_\_ Total Payment

**Payment:**

- ☐ Check enclosed (Payable to "Tides Center/NNCG")
- ☐ Credit card—choose one:
- |                                     |                               |                                   |   |
|-------------------------------------|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
|-------------------------------------|-------------------------------|-----------------------------------|---|

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Print name as it appears on your card \_\_\_\_\_

Signature as it appears on your card \_\_\_\_\_

**Send membership form to: NNCG, PO Box 40272, Cleveland, OH 44140.**

**By fax: 440-273-5325. By email: [info@nncg.org](mailto:info@nncg.org)**

**(Checks payable to "Tides Center/NNCG")**



**Applicant Name:** \_\_\_\_\_

Please tell us a little about your experience as a philanthropy consultant by completing the following four questions. After membership is accepted and processed, new Full and Associate members will have the opportunity to create a more comprehensive online Directory profile.

**Services/Areas of Expertise (check all in which you have/your firm has direct consulting experience):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> communications     | <input type="checkbox"/> governance                          | <input type="checkbox"/> new foundation development |
| <input type="checkbox"/> evaluation         | <input type="checkbox"/> information technology              | <input type="checkbox"/> public policy and advocacy |
| <input type="checkbox"/> family dynamics    | <input type="checkbox"/> leadership development, transition  | <input type="checkbox"/> facilitation               |
| <input type="checkbox"/> strategic planning | <input type="checkbox"/> grantmaking and program development |   |
| <input type="checkbox"/> other: _____       |  |   |

**Types of Grantmakers Served (check all in which you have/your firm has direct consulting experience):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> family foundations    | <input type="checkbox"/> community foundations  | <input type="checkbox"/> public foundations     |
| <input type="checkbox"/> private foundations   | <input type="checkbox"/> grantmaker networks    | <input type="checkbox"/> government grantmakers |
| <input type="checkbox"/> corporate foundations | <input type="checkbox"/> family philanthropists |   |
| <input type="checkbox"/> & giving programs     |   |   |
| <input type="checkbox"/> other: _____          |   |   |

**Number of years serving grantmakers as a consultant:** \_\_\_\_\_

**Geographic area(s) you serve:** \_\_\_\_\_

**IF JOINING AS AN INDIVIDUAL:**

**Grantmaker references:** If you wish to be recognized as a Full Member, list five grantmaker clients for whom you have provided paid philanthropy consulting services. NNCG will contact your references in a confidential manner. Provide the grantmaker's name, contact person, phone number & email. NNCG keeps this information confidential and uses it solely to determine the fulfillment of membership criteria. If for reasons of client confidentiality you cannot share this information, please contact our office at [info@nncg.org](mailto:info@nncg.org). (References are not required for associate or affiliate members.)

Organization	Contact	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Continue to next page if joining as a Firm or Institution**



**IF JOINING AS AN INSTITUTION OR FIRM:**

- For a firm to qualify as a Full Member, please provide the names of at least five grantmaker clients for which the firm has provided paid philanthropy consulting.
- Firms may identify up to five representatives of your institution or firm who will participate as part of your membership. Each person who wishes to be recognized as a Full Member must provide the names of two client references for whom the person has provided philanthropy consulting services and who may be contacted by NNCG.
- It is permissible for a client to serve as a reference for multiple consultants as well as the firm.
- References are not necessary for associate or affiliate members.

Name of Firm \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**GRANTMAKER REFERENCES FOR THE FIRM (if firm is joining as a Full Member):**

Organization	Contact	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

#1 - Name of Member/Firm Representative: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**If this firm representative is joining as a Full Member:**

Organization

Contact

Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

#2 - Name of Member/Firm Representative: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**If this firm representative is joining as a Full Member:**

Organization

Contact

Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

#3 - Name of Member/Firm Representative: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**If this firm representative is joining as a Full Member:**

Organization

Contact

Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

#4 - Name of Member/Firm Representative: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**If this firm representative is joining as a Full Member:**

Organization

Contact

Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

#5 - Name of Member/Firm Representative: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**If this firm representative is joining as a Full Member:**

Organization

Contact

Phone

Email

1. \_\_\_\_\_

2. \_\_\_\_\_

for informational purposes only