

**PARTNERSHIP FOR PHILANTHROPIC PLANNING  
&  
GIFT PLANNING GROUP OF NORTHEASTERN NEW YORK**

**NEW MEMBER APPLICATION**

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

**DUES**

(Choose one)

I would like to make a professional commitment to planned giving by joining the **Partnership for Philanthropic Planning** and the **Gift Planning Group of Northeastern New York**.

Full Membership Dues    \$225.00    \_\_\_\_\_

PPP-Only Dues                                \$190.00    \_\_\_\_\_

Council-Only Dues                            \$75.00    \_\_\_\_\_

Payment Options:

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

You may submit payment by check. Please retain a copy for your records and return this form with check made payable to Partnership for Philanthropic Planning:

Partnership for Philanthropic Planning  
233 McCrea St., Suite 300  
Indianapolis, IN 46225

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* and I accept the responsibility to abide by that Code. (for full text, see [http://www.pppnet.org/ethics/model\\_standards.html](http://www.pppnet.org/ethics/model_standards.html))

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**Signature Required**

Membership is available to individuals only and is not transferable.

<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>Gift Planning Group of Northeastern New York</b> .		
Full Membership Dues	\$225.00	_____

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

If you have any questions or concerns regarding membership renewal, please contact us at (317) 269-6274 or [cwilson@pppnet.org](mailto:cwilson@pppnet.org)