



GCRI NEW MEMBER APPLICATION

Organization Name: _____

Principal Contact Person: _____

Title: _____

Telephone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____

Company Headquarters: _____

Funding Priorities: _____

Geographic Focus: _____

Are you a Foundation? _____

2008 Total Giving Estimate in RI \$ _____

(This figure is kept confidential Please do not include funding to the United Way since they are a member of GCRI)

Membership:

Based on the Membership Category Descriptions and Dues Schedule (see enclosed), we are interested in membership in GCRI as follows:

- Council Member \$ _____
- Supporting Member \$ _____
- Member-for Family Memberships \$ _____

Topics of Interest:

Please list or email sneupauer@gc-ri.org any areas of interest you would like to see GCRI address (issues, trainings, other)

Please return this form and your contribution to Susan Neupauer, Executive Director of Grantmakers Council of Rhode Island, 5600 Post Road Suite 114 PMB 166 East Greenwich, RI 02818

Thank you.