



The Power of Giving and Connecting

Hispanics in Philanthropy

# MEMBERSHIP REGISTRATION FORM

(Please note, you can also apply online at [www.hiponline.org](http://www.hiponline.org))

NAME: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ E-MAIL (Required): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (work) \_\_\_\_\_ (fax) \_\_\_\_\_ (home) \_\_\_\_\_

Philanthropic Organization (if different from employer) \_\_\_\_\_

Renewal  New → How did you hear about HIP? \_\_\_\_\_

### Organization Type - Please check ONE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Community Foundation | <input type="checkbox"/> Public Foundation          | <input type="checkbox"/> Individual Grantmaker |
| <input type="checkbox"/> Corporate Foundation | <input type="checkbox"/> Non-US Foundation          | <input type="checkbox"/> Nonprofit             |
| <input type="checkbox"/> Operating Foundation | <input type="checkbox"/> Academia                   |  |
| <input type="checkbox"/> Private Foundation   | <input type="checkbox"/> Association of Grantmakers |  |

### Populations Served - Make up to 5 selections

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> All Populations                  | <input type="checkbox"/> Disabled                    | <input type="checkbox"/> Military Veterans          |
| <input type="checkbox"/> All Ages                         | <input type="checkbox"/> Elderly                     | <input type="checkbox"/> Native Americans           |
| <input type="checkbox"/> Adults                           | <input type="checkbox"/> Faith Based                 | <input type="checkbox"/> Offenders/Ex-Offenders     |
| <input type="checkbox"/> African American/Black           | <input type="checkbox"/> GLBT                        | <input type="checkbox"/> Poor/Low Income            |
| <input type="checkbox"/> Asian American/Pacific Islanders | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> South American             |
| <input type="checkbox"/> Caribbean                        | <input type="checkbox"/> Immigrants                  | <input type="checkbox"/> Substance Abuse/Dependency |
| <input type="checkbox"/> Caucasian                        | <input type="checkbox"/> Infants/Toddlers 0-5        | <input type="checkbox"/> Women/Girls                |
| <input type="checkbox"/> Central American                 | <input type="checkbox"/> International/Transnational | <input type="checkbox"/> Young Adults 19-25         |
| <input type="checkbox"/> Children/Youth 6-18              | <input type="checkbox"/> Latino/Hispanic             | <input type="checkbox"/> Other Populations<         |
| <input type="checkbox"/> Crime Abuse Victims              | <input type="checkbox"/> Men/Boys                    | _____aaaaaaaa_____                                  |
| <input type="checkbox"/> Day Laborers/Migrant Workers     | <input type="checkbox"/> Mexican/Mexican American    |   |

### Program Areas - Make up to 3 selections

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Arts and Culture                    | <input type="checkbox"/> Financial Services          | <input type="checkbox"/> Mental Health                              |
| <input type="checkbox"/> Capacity Building                   | <input type="checkbox"/> Food/Nutrition/Agriculture  | <input type="checkbox"/> Public Safety/Disaster Preparedness/Relief |
| <input type="checkbox"/> Civil Participation                 | <input type="checkbox"/> Health                      | <input type="checkbox"/> Recreation/Leisure/Sports                  |
| <input type="checkbox"/> Civil Rights/Social Action Advocacy | <input type="checkbox"/> Housing/Shelter             | <input type="checkbox"/> Technology                                 |
| <input type="checkbox"/> Community Development               | <input type="checkbox"/> Human Services              | <input type="checkbox"/> Violence Prevention                        |
| <input type="checkbox"/> Economic Development                | <input type="checkbox"/> International/Transnational | <input type="checkbox"/> Volunteerism                               |
| <input type="checkbox"/> Education                           | <input type="checkbox"/> Legal Services              | <input type="checkbox"/> Work and Health                            |
| <input type="checkbox"/> Employment                          | <input type="checkbox"/> Media                       | <input type="checkbox"/> Youth Development                          |
| <input type="checkbox"/> Environment                         |  |   |

Please check ONE

**One Year Associate Membership (\$75)**

**Three Year Associate Membership (\$175)**

We recognize the value that individuals who are not part of the grantmaking community bring to the HIP network. Therefore we offer Associate Memberships for staff and board members of nonprofit organizations and other individuals who serve Latino communities and whose work contributes to HIP's mission. Annual dues: \$75 for one year, \$175 for three years.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**PAYMENT OPTIONS**

**By Check**

PLEASE RETURN APPLICATION WITH MEMBERSHIP FEES TO:

**HISPANICS IN PHILANTHROPY**

55 2<sup>nd</sup> Street, Suite 1500  
San Francisco, CA 94105  
415-837-0427  
415-837-1074 fax

**By Credit Card**

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**By Phone**

TO PAY WITH CREDIT CARD BY PHONE,  
PLEASE CALL THE MEMBERSHIP AND SPECIAL EVENTS MANAGER AT 415-837-0427.

**Please let us know if there is anyone else whom you recommend we invite to join.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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