



The Power of Giving and Connecting

Hispanics in Philanthropy

MEMBERSHIP REGISTRATION FORM

(Please note, you can also apply online at 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 | |
| <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

1 Year Individual Membership (\$250)

3 Year Individual Membership (\$700)

We welcome staff and trustees of grantmaking entities as well as individual philanthropists to join us as Individuals and to actively participate in the HIP network and regional and national activities. Annual dues: \$250 for one year, \$700 for three years.

SIGNATURE _____

DATE: _____

PAYMENT OPTIONS

By Check

PLEASE RETURN APPLICATION WITH MEMBERSHIP FEES TO:

HISPANICS IN PHILANTHROPY

55 2nd 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:** _____

TELEPHONE: (work) _____ (fax) _____ (home) _____ **E-MAIL:** _____

Philanthropic Organization (if different from employer) _____