



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 membership level and enter amount.

Institutional Membership (\$10,000+) **Amount: \$** _____

We encourage foundations, other grantmaking entities and individual philanthropists to take a leadership role in the guidance and development of HIP's mission and invite them to join as Institutional Members. Institutional Membership is evidence of a strong and active level of involvement in the Latino and Latin American civil sector. These members are committed to collaboration and diversity and work in partnership with HIP to serve the Latino community. This membership level includes recognition on our website and in our Annual Report, reduced fees at conferences and events, and the designation of an unlimited number of individuals for HIP membership. Annual dues: \$10,000+

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) _____

Please list contact information for individuals (unlimited) who will be members. Use additional forms if needed.

NAME: _____ TITLE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: (work) _____ (fax) _____ (home) _____ E-MAIL: _____

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MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
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