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**2024 Professional Partner Membership Form**

[ ]  New Member [ ]  Renewal Please choose one: [ ]  Check Enclosed [ ]  Invoice Us

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| Company Name  |  |
| 1-sentence company description for website listing |  |
| Address |       |
| City |       | State |       | ZIP Code |       |
| Phone  |       | Website |       |
| Company Facebook |       | Twitter |       |
| Company LinkedIn |       | Blog  |       |
| Primary Contact Name |       | Title |       |
| Contact’s Phone Number |       | Email |       |

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| **Type of Service Offered**(Please select one) | **Membership Support**  |
|  [ ]  Accounting/Auditing [ ]  Consulting  [ ]  Insurance [ ]  Investment/Financial Advising [ ]  IT/Software  [ ]  Legal [ ]  Other, please describe:       | Professional Partner membership support  | $1,500 |  |
| **Amount Due:** | **$1,500** |  |

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| **Current members:** You can renew your membership online at [www.philanthropyohio.org/membership-renewal](http://www.philanthropyohio.org/membership-renewal) and pay by credit card. Annual membership renewal support must be paid or pledged by **March 31, 2024.****New members:** To pay by credit card, please call Stacey Wilson at 614.914.2247. For security purposes, we do not take credit card information submitted via email. You may mail your completed form and credit card information to our office at 500 S. Front Street Suite 900, Columbus, OH 43215-7628.  |

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| **One-sentence Company Description for Philanthropy Ohio Website** |
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| **Non-solicitation Policy** |
| Philanthropy Ohio is committed to creating a community of shared inquiry characterized by mutual respect and trust. I agree to foster this community by agreeing to refrain from soliciting business during events. I understand professional partners are not eligible to serve on the board of trustees but may volunteer for select committees. I am authorized and hereby consent for this company to receive correspondence sent by or on behalf of Philanthropy Ohio*.* *If digitally signing this document, double click the Sign dialog box and select “ok.” Then click “select image” and locate your signature image file and click Select. You can also print this document out and include your handwritten signature.* |

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| **Additional Organizational Contacts** |
| Please list the names you wish to be entered into Philanthropy Ohio’s database. Please include addresses if different from organization’s address.  |

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| --- | --- | --- | --- |
| Contact  |       | Title |        |
| Phone  |       | Email |       |
| Address |       |
|  |
| Contact  |       | Title |        |
| Phone  |       | Email |       |
| Address |       |
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| Contact  |       | Title |        |
| Phone  |       | Email |       |
| Address |       |
|  |
| Contact  |       | Title |        |
| Phone  |       | Email |       |
| Address |       |
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