

**PARTNERSHIP FOR PHILANTHROPIC PLANNING
&
PLANNED GIVING COUNCIL OF CAPE COD**

NEW MEMBER APPLICATION

Name: _____
Title: _____
Organization: _____

Address: _____

City/State/Zip: _____
Phone: _____
FAX: _____
E-mail: _____

DUES
(Choose one)

I would like to make a professional commitment to planned giving by joining the **Partnership for Philanthropic Planning** and the **Planned Giving Council of Cape Cod**.

Full Membership Dues \$190.00 _____

PPP-Only Dues \$160.00 _____

Council-Only Dues \$70.00 _____

PPP Staff Use Only	ID# _____	CHK# _____	Amount _____
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I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (see reverse side), and I accept the responsibility to abide by that Code.

Signature Required

Membership is available to individuals only and is not transferable. Membership is effective for one year from the date dues are received. The *Journal of Gift Planning* subscription price of one year (\$22.50) is included in the Partnership membership dues, and NCPG members may not deduct subscription price from dues.

IMPORTANT NOTE: Make checks payable to Partnership for Philanthropic Planning. All applicable council dues will be forwarded to your council. Please retain a copy for your records and return this form to **Partnership for Philanthropic Planning**, 233 McCrea St., Suite 400, Indianapolis, IN 46225, (317) 269-6274, Fax (317) 269-6268.