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**2023 Professional Partner Membership Form**

New Member  Renewal Please choose one:  Check Enclosed  Invoice Us

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | | | | | | |
| 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.  **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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| **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 |  | | |
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| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
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| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
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