



MEMBERSHIP APPLICATION

Membership in International Funders for Indigenous Peoples is open to those that are in alignment with our Mission, Vision and Values. We welcome individual donors or institutions concerned about the livelihood, culture, and well-being of Indigenous Peoples and their communities. Membership is open to individuals who are donors themselves, individuals working in member institutions, or organizations that are primarily grantmakers. As a philanthropic affinity group of the Council on Foundations, IFIP members are dedicated to expanding their grantmaking for international Indigenous projects and communities. If you do not fit the criteria for membership, we have several affiliate levels to be a part of our network.

Membership Benefits

- 25% discount on conference registration for two (2) members of your organization
- One (1) complimentary copy of the *Grantmaker's Guide: Strengthening International Indigenous Philanthropy* and 25% discount for additional copies ordered
- Featured logo on IFIP home page
- Free quarter (1/4) page advertisement in Conference Program Book
- Invitation to Members only Inner Circle event at the annual conference
- Invitation to join us on one of IFIP's Committees
- Leading research reports on Indigenous issues
- Our annual newsletter, *The Sharing Circle*, Monthly e-newsletter, *The Sharing Network*, and a complimentary subscription to *Cultural Survival Quarterly*, a leading publication on current Indigenous rights issues with feature articles focused on themes of concern to Indigenous peoples.

ORGANIZATION INFORMATION

- New Application Renewal Application

ORGANIZATION TYPE

- Public Foundation Corporate Foundation Private Foundation Individual Donor
 Public Charity Community Foundation Family Foundation Other

FULL NAME OF ORGANIZATION (PLEASE TYPE OR PRINT CLEARLY)

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TEL

FAX

E-MAIL

WEBSITE

YEAR FOUNDED?

YEARLY ASSETS

YEARLY GRANT LEVEL

% OF FUNDS TO INDIGENOUS

AREA(S) OF INTERNATIONAL FOCUS

1) What is the focus of your Indigenous philanthropy? _____

2) What regions or countries do you work in? _____

3) What do you most want to get out of being a member of IFIP? _____

4) How did you learn about IFIP? _____

Membership Dues (Dues are based on Total Annual Budget- Operation and Grantmaking)

Total Annual Budget

Membership Dues

	<i>1-year</i>	<i>2 years</i>	<i>3 years</i>
Up to U.S. \$500,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1350
U.S. \$ 500,000 – U.S. \$ 700,000	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$2,025
U.S. \$ 700,000 – U.S. \$ 1,000,000	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,375
U.S. \$ 1,000,000 – U.S. \$ 3,000,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,750
U.S. \$ 3,000,000 – U.S. \$ 5,000,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$9,000	<input type="checkbox"/> \$13,500
U.S. \$ 5,000,000 – U.S. \$ 25,000,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$13,500	<input type="checkbox"/> \$20,250
U.S. \$ 25,000,000 – U.S. \$125,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$18,000	<input type="checkbox"/> \$27,000
U.S. \$ 125,000,000 – U.S. \$175,000,000	<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$22,500	<input type="checkbox"/> \$33,750
Over U.S. \$175,000,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$27,000	<input type="checkbox"/> \$40,500

PAYMENT INFORMATION

Payments can be made by credit card, check, money orders or wires.

Checks and money orders should be made payable to **International Funders for Indigenous Peoples**

Note: Tax receipts will be provided for sponsorships and not for memberships if members are a 501(c) (3) organization.




Please Contact Us at support@internationalfunders.org For Bank Wire Information.

ENCLOSED PLEASE NOTE MY FORM OF PAYMENT

Check Money Order Wire Visa MasterCard American Express

Name (of Cardholder) _____ Card # _____ Expiration Date _____ Security Code _____ Signature (of Cardholder) _____ Telephone # (of Card holder) _____
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<p><u>PLEASE SEND FORM AND CHECKS TO:</u></p> <p>International Funders for Indigenous Peoples PO Box 29184, San Francisco, CA 94129 T: (415) 580-7982 F: (415) 580-7983 Email: support@internationalfunders.org Web: www.internationalfunders.org</p>

Please Visit Us Online!		
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 www.facebook.com/IFIPphilanthropy	 @IFIP	 IFIP