



Membership Application

Associate Membership

Organization _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Website: _____ Phone: _____ Fax: _____

Primary Contact

Name: _____ Title _____

Daytime Phone: _____ E-mail address: _____

Contact Person (if different): _____ Daytime Phone: _____

Contact Person E-mail address: _____

Description of Organization

Briefly describe the philanthropic mission and work of your organization. Explain how you expect to benefit from your membership, and what your organization brings to membership in MAG;

Geographic Focus Area (choose all that apply)

_____ Local (city/county) _____ Multi-county region _____ Statewide
_____ Multi-state region _____ National _____ International
_____ Other (specify) _____

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Dues Calculation:

Dues are based on the classification of your organization, based on the table below. See our Policy Statement on Membership and Dues for further information, or call (601) 321-5540 if you have questions about the category in which your organization is to be assessed.

<u>Organization/Agency</u>	<u>Dues</u>
Governmental agencies/units	\$350
Community Foundation affiliates	\$250
Others invited by MAG Board	\$350

Please enter your dues here: \$_____

Payment of Dues:

Annual dues are due on or before April 1, 2017. For members joining after April 1, 2017, annual dues in the first year of membership may be pro-rated based on the number of months between when the new member joins and the annual dues payable date of April 1.

Make checks payable to: Community Foundation of Greater Jackson, with “MAG Dues” in the notation line, and mail to: Mississippi Association of Grantmakers, Attn: Sammy Moon, c/o Woodward Hines Education Foundation, 2600 Lakeland Terrace, Jackson, MS 39216.