

Charitable Gift Planners GONNECTICUT

MEMBERSHIP APPLICATION

To join Charitable Gift Planners of Connecticut (CGPCT) please complete the form below, or visit www.capct.org to complete an application. Membership has an annual renewal period of January 1 through December 31. Memberships are per individuals, not corporate. CGPCT provides a forum for education of and networking for development professionals and members of allied professions who are involved in charitable gift planning. We believe that a more diverse, equitable, and inclusive CGPCT will better serve our entire gift planning community. To that end, we commit ourselves to proactively seeking and welcoming members, leaders, and presenters representing the many unique attributes, characteristics, abilities, and perspectives of all individuals.

Name:		Pronoun Preference:				
Title:						
Organiz	zation:					
Address	s:					
	ate/Zip:					
Phone:		ell:				
Business E-mail:						
Personal Email:						
Demographic Data:						
0	of Hispanic, Latino or Spanish origin? No, not of Hispanic, Latino or Spanish origin Yes, I am of Hispanic, Latino or Spanish origin					
What is	s your race? <i>Please check all of the options that apply</i> American Indian or Alaska Native Asian or Asian Pacific Black or African American Native Hawaiian Other Pacific Islander, please explain	/.	0 0	White Other Choose not to disclose		
Select the range that applies to your year of birth (please che Before 1945 1946 – 1964 1965 – 1980 1981 – 1996 1997 or later Prefer not to answer		neck	onl	y one):		
Non Arts Com Educ Envi Hos Reli Soci	check <u>ONE</u> of the following options to indicate your lapprofit corganization munity Foundation cational Institution ironmental Organization pital/Health Care Organization gious Organization al Service Organization her Non-profit Organization	000000	For- Acc Bar Bro Cor Fina Insu	Y employer: -profit counting Practice/Firm nk or Trust Company kerage Firm nsulting Practice/Firm ancial Planning Practice/Firm urance Company/Firm v Practice/Firm ther For-profit Business		

Are you a member of more than one CGP-affiliated council? ○ Yes ○ No If so, which council(s)?				
How many years have you been working in gift planning?				
As a percentage, how much of your time do you spend on planned giving issues?%				
Membership includes all educational and networking programs offered. Annual Dues: \$180.00 August through December membership Special: \$90				
To pay by credit card go to http://cgpct.org/renew				
Check # Make checks payable to Charitable Gift Planners of CT				
Please retain a copy for your records and return this application with payment to: Charitable Gift Planners of Connecticut 95 West Street, Rocky Hill, CT 06067 Phone: (860) 721-7400 Fax: (860) 721-7406 or Email: cgpct@att.net				

Mission Statement: Charitable Gift Planners of Connecticut (CGPCT) provides ethically focused gift planning education, training, and advocacy to development professionals, volunteers, and donor advisors. CGPCT is a 501(c) (3) organization.