



WHO CAN JOIN? The Jewish Funders Network (JFN) is an international organization of family foundations, individual funders, and public philanthropies dedicated to advancing the quality and growth of Jewish Philanthropy. It is expected that each member funds personally or is associated with a foundation that disburses at least \$25,000 annually.

Are you a New Member **or** Renewing Member?

Circle One: Mr. Ms. Mrs. Dr. Rabbi

Primary Member Name:** _____

Foundation Name (if applicable): _____ **www.** _____

Address: _____ **this address is:** Home Business Foundation

Business Telephone: _____ **Home Telephone:** _____

E-Mail Address: _____ (JFN sends monthly member communication via email only)

Do you have full-time grant making staff? YES NO If yes please indicate names and contact information on the reverse side of this form.

Do you have a donor advised fund(s)? If so, fund name(s) & location(s) _____

I am a: Individual Funder Foundation Trustee Foundation Professional Younger under (ages 20-40)

**The Primary Member receives voting privileges at the Annual Meeting on Behalf of the foundation or family

MEMBERSHIP CATEGORIES: Membership dues are based on annual grant allocations (vs. foundation assets). "Annual grant allocations" are based on payments made in the given year (as opposed to grants awarded.)

ANNUAL GRANT ALLOCATIONS	MEMBERSHIP DUES
Jewish Professionals at Non-Jewish Foundations	\$500
\$25,000 - \$99,000	\$600
\$100,000 - \$499,000	\$850
\$500,000 - \$999,000	\$1,200
\$1,000,000 - \$2,499,000	\$2,500
\$2,500,000 - \$4,999,000	\$3,600
\$5,000,000 - \$9,999,999	\$8,000
\$10 M+	\$10,000
\$20 M +	\$15,000

Type of payment: Check Credit Card _____ Exp. _____

*Please remit payment in \$U.S. by check drawn on a **U.S. bank** or by wire transfer. For your convenience, you may renew automatically.

Sign up for automatic payments YES NO (You may discontinue automatic payments at any time)

Lapsed memberships are dropped after a 90 day grace period. There is a \$100 processing fee to join again within 36 months.

Please sign here giving your permission for automatic payments _____ date _____

FUNDING INTERESTS:

Please indicate your funding interests so that we may develop more customized programming and services (check all that apply).

<input type="checkbox"/> <u>Advocacy/Civil Society</u>	<input type="checkbox"/> <u>Environmental/Energy Policy</u>	<input type="checkbox"/> <u>Jewish Outreach</u>
<input type="checkbox"/> <u>Aging/Elderly Care</u>	<input type="checkbox"/> <u>Funding In Israel</u>	<input type="checkbox"/> <u>Jewish Service Learning</u>
<input type="checkbox"/> <u>Arts & Culture</u>	<input type="checkbox"/> <u>GLBT</u>	<input type="checkbox"/> <u>Men & Boys</u>
<input type="checkbox"/> <u>Arts & Culture-Israel</u>	<input type="checkbox"/> <u>Healthcare/Medical Research</u>	<input type="checkbox"/> <u>Overseas Funding (not Israel)</u>
<input type="checkbox"/> <u>Coexistence</u>	<input type="checkbox"/> <u>Holocaust-Education</u>	<input type="checkbox"/> <u>Poverty & Hunger- Global</u>
<input type="checkbox"/> <u>Congregation Education</u>	<input type="checkbox"/> <u>Holocaust-Support for Survivors</u>	<input type="checkbox"/> <u>Poverty & Hunger- In Israel</u>
<input type="checkbox"/> <u>Disaster Relief</u>	<input type="checkbox"/> <u>Inclusion</u>	<input type="checkbox"/> <u>Poverty & Hunger- Local</u>
<input type="checkbox"/> <u>Economic Development-Global</u>	<input type="checkbox"/> <u>Jewish Camp</u>	<input type="checkbox"/> <u>Special Needs</u>
<input type="checkbox"/> <u>Economic Development-Israel</u>	<input type="checkbox"/> <u>Jewish Federations</u>	<input type="checkbox"/> <u>Sports</u>
<input type="checkbox"/> <u>Economic Development-Local</u>	<input type="checkbox"/> <u>Jewish Identity- in Israel</u>	<input type="checkbox"/> <u>Venture Philanthropy</u>
<input type="checkbox"/> <u>Education in Israel</u>	<input type="checkbox"/> <u>Jewish Identity-20's and 30's</u>	<input type="checkbox"/> <u>Women & Girls</u>
<input type="checkbox"/> <u>Education in Philanthropy</u>	<input type="checkbox"/> <u>Jewish Identity-Early Childhood</u>	<input type="checkbox"/> <u>Younger Funders (20's- 40's)</u>
<input type="checkbox"/> <u>Education-Jewish Day Schools</u>	<input type="checkbox"/> <u>Jewish Identity-FSU</u>	<input type="checkbox"/> <u>Youth Philanthropy</u>
<input type="checkbox"/> <u>Education-Universities</u>	<input type="checkbox"/> <u>Jewish Identity-Teens</u>	<input type="checkbox"/> <u>OTHER-</u> _____
<input type="checkbox"/> <u>Environment</u>		

Membership

Please list your Foundation's Trustees/Board Members, or up to seven family members, so they may be extended membership privileges*. Individuals who are paid full-time staff may also be included in the primary membership. For each member please indicate name, title at foundation or relationship to the primary member. For those who should receive JFN communications, resources and invitations, please include address, phone and email.

***Public Charities may have two members listed and they must be in a grantmaking role.**

Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address
Name:	Relationship to Primary Member:	Title:
Address:		Is this B or H?
Phone: Is this B or H?	Fax:	E-mail address

What if I want my philanthropy to be anonymous? All information pertaining to members is held by JFN in strict confidence and is not publicly disclosed. Should you have any questions about your anonymity, please contact the JFN office.

Questions? Contact: Stefanie Rhodes 212-726-0177 x210 or Stefanie@jfunders.org

Please return application to: **JFN 150 West 30th Street, Suite 900, New York, NY 10001**