

PHILANTHROPY PARTNERS OF THE CAPE AND ISLANDS

PAYMENTTYPE:

2024 Membership Application

Name:	Check: #	Amount: \$	
T''	Credit Card: CapeCodGiving.org/about-us/membership/		
Organization:	Additional Representatives for Business level (optional)		
Address: 2 nd	Name:		
	Email:		
	Name:		
	Email:		
organization providing education and networking opportunities PPCI membership includes being associated with other membership philanthropy, offering educational meetings, networking and control of the second seco	ers who share y collaborating o	your interest and knowledge of pportunities throughout the area.	
 ■ Business or Organization: \$225 per 12-month period Transferable within the organization, benefits cover any one to three staff, Board or volunteer representatives from the business or organization. Additional benefits include promotion of job postings. ■ Individual Membership: \$120 per 12-month period An individual membership is non-transferable. ■ Youth Membership: \$80 per 12-month period Any person working for a nonprofit in a professional capacity age 30 or younger; membership is non-transferable. 	Va Plea r Philanthre P.O. B	bership / Renewals Alid for a 12-month Period Assertain a copy for your records and return this form with payment to: Approx Partners of the Cape and Islands Box 41 Yarmouth Port, MA 02675 Adgiving.org www.CapeCodGiving.org Thank you!	
Retiree Membership: \$80 per 12-month period A retired nonprofit professional membership is non-transferable.			

2024 Schedule of Events

ANNUAL MEETING	EVENING NETWORKING	QUARTERLY MEETING	EVENING NETWORKING
January 25, 2024	March 6, 2024	April 17, 2024	May 8, 2024
QUARTERLY MEETING	EVENING NETWORKING	QUARTERLY MEETING	PHILANTHROPY DAY
June 12, 2024	July 17, 2024	September 18, 2024	November 13, 2024