

Contact Information

Name/Title: _____

Email: _____

Organization: _____

Address: _____

Phone/Fax: _____

Website: _____

Associate Member Categories

Please choose one of the options below. If you are joining as an organization, please attach a list of the staff that you would like to include as part of your membership. Please include names, titles, and emails.

Individual Categories

- Grantmaking alumni of WRAG member—\$200
Former employer: _____
(Individuals in fundraising/development positions are ineligible. Alumni are eligible for 1 year after leaving member organization.)
- Philanthropic advisor—\$650
(Professionals who provide services in support of grantmaking as a majority of their business.)

Organizational Categories

- Academic institution—\$650
- Government grants or partnership office —\$650
- Philanthropic support organization—\$650
(Organizations that serve the field of philanthropy.)

Membership Dues

Please make checks payable to WRAG and mail to ATTN: Membership Dept, 1400 16th Street, NW, Suite 740, Washington, D.C. 20036. If you prefer to pay by Visa or MasterCard, please contact Katy Moore at 202-939-3436 or moore@washingtongrantmakers.org.

- Full amount of _____ enclosed. I pledge to pay full amount by _____.

Membership Agreement

The meetings and activities of WRAG may not be used to solicit grants, to solicit for professional services, or to promote any products, services, or events. This ensures a comfortable, respectful atmosphere in which professional relationships can be maintained. Through submission of this application, my organization, including all relevant staff, consultants, and trustees, agree to abide by this statement and affirm that our core interest in joining WRAG is to work with other members to improve the quality of life in our region.

Signature: _____ Title: _____ Date: _____

Tell us more

How did you
hear about
WRAG?

Why are you
joining
WRAG?
