



# Corporate Membership Application Information

## Corporate Membership Overview

Corporate giving programs and corporate social responsibility (CSR) functions, as well as philanthropic advisory professionals actively engaged in charitable strategy and grantmaking, are eligible for corporate membership in Philanthropy Southwest.

Philanthropic advisory applicants must demonstrate direct involvement in advising foundations, donor-advised funds, or charitable trusts. Membership is intended for professionals engaged in philanthropic practice and is not designed for individuals or organizations primarily focused on sales, client development, or financial product marketing.

Eligibility requires a minimum of \$25,000 in annual charitable giving distributed within the Southwestern United States (Arkansas, Arizona, Colorado, Nevada, New Mexico, Oklahoma, Texas, and Utah).

## Application Requirements

Applicants for corporate membership are asked to include the following as part of the application process:

- Application form
- A list of grantees or a written description of your corporate grantmaking activity(s)
- Current IRS determination letter (if applicable)
- Most recent IRS Form 990 or 990 PF, including all schedules (if applicable)
- Current list of board and staff members overseeing philanthropic activities

Member dues are determined by the organization's number of employees who office in the Philanthropy Southwest region and are outlined in the chart. Upon membership approval, Philanthropy Southwest will invoice the organization for dues payment.

Number of Regional Employees:	2026 Annual Dues
3,500 +	\$7,500
500 – 3,500	\$5,000
100 – 499	\$2,500
1 – 99	\$1,500

## Returning Application for Membership

Please return all completed application forms and supporting documents to Amanda Esaena, Vice President, at [amanda@philanthropysouthwest.org](mailto:amanda@philanthropysouthwest.org) or mail to--

Philanthropy Southwest  
3000 Pegasus Park Drive  
Suite 706  
Dallas, Texas 75247

All applications are reviewed by the Membership Committee and approved by the Board of Directors. For questions about membership, the application process, or dues structure, please call the Philanthropy Southwest office at 214-740-1787.

**Organization Information**

Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Website address: \_\_\_\_\_ Employer ID Number (EIN): \_\_\_\_\_ -- \_\_\_\_\_  
 Year Established: \_\_\_\_\_ Year IRS Classification Received: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_

Membership in Philanthropy Southwest was referred by:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Foundation Type & Assets**

Type of corporate organization:

- Corporate Social Responsibility or Giving Programing (*direct charitable giving administered by the corporation*)
- Philanthropic Advisory Department (*teams or departments whose primary role is advising on philanthropic strategy, grantmaking, or charitable vehicles such as foundations, donor-advised funds, or charitable trusts*)
- Other: \_\_\_\_\_

*\*Corporate Foundations (legally separate private foundation funded by a corporation) should apply under a private foundation*

Is the organization primarily funded by its own endowment?

- No  Yes

Does the organization engage in fundraising for its own benefits?

- No  Yes

Is there an external asset manager?

- No  Yes, contact information: \_\_\_\_\_

Assets as of last fiscal year:

Fiscal Year Ending	Assets (\$)	Grants (\$)
_____	_____	_____

Dues are determined by number of staff in the southwest region. Please list the number of employees working in our 8-state region: \_\_\_\_\_

**Program Activity**

Program Focus: \_\_\_\_\_

Principal activities: \_\_\_\_\_

Does the organization provide, participate in, or fund any of the following? (Check all that apply)

- Capital Grants     
  Collaborative Funds     
  Endowment Funds     
  Operational Support  
 Research     
  Scholarships     
  Seed Money     
  Other: \_\_\_\_\_

What is the timeframe of the organization's grantmaking process? (Check all that apply)

- Annual     
  Bi-Annual     
  By- Invite Only     
  Letter of Inquiry/Interest  
 On-Going     
  On-line Grant Application     
  Quarterly     
  Other: \_\_\_\_\_

**Funding Region & Categories**

Area(s) served:    International    National    State    Local, cities or counties: \_\_\_\_\_

Please list state(s) in which the foundation/organization is giving:

\_\_\_\_\_

Select grantmaking categories (Check all that apply)

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Aging</li> <li><input type="checkbox"/> Animal Protection &amp; Welfare</li> <li><input type="checkbox"/> Arts / Culture / Humanities</li> <li><input type="checkbox"/> Civil Rights / Social Action / Advocacy</li> <li><input type="checkbox"/> Communications/ Media</li> <li><input type="checkbox"/> Community Improvement / Capacity Building</li> <li><input type="checkbox"/> Crime / Legal Related / Juvenile or Social Justice</li> <li><input type="checkbox"/> Disaster Preparedness / Relief</li> <li><input type="checkbox"/> Educational Institutions</li> <li><input type="checkbox"/> Education             <ul style="list-style-type: none"> <li><input type="checkbox"/> Early Childhood</li> <li><input type="checkbox"/> Higher Education</li> <li><input type="checkbox"/> Kinder – 12</li> <li><input type="checkbox"/> After School / Out-of-School Time</li> <li><input type="checkbox"/> STEM</li> </ul> </li> <li><input type="checkbox"/> Employment / Workforce Development</li> <li><input type="checkbox"/> Environmental Quality / Protection / Sustainability</li> <li><input type="checkbox"/> Equity &amp; Inclusion: Racial /Ethnic /Gender / LGBTQ</li> <li><input type="checkbox"/> Faith-Based Ministries / Spiritual / Religion Related</li> <li><input type="checkbox"/> Families &amp; Children</li> <li><input type="checkbox"/> Financial Literacy / Asset Building</li> <li><input type="checkbox"/> Food / Agriculture / Nutrition</li> <li><input type="checkbox"/> Health: Access &amp; Care</li> <li><input type="checkbox"/> Health: General &amp; Rehabilitative</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Health: Disease / Disorders / Medical Disciplines</li> <li><input type="checkbox"/> History / Archaeology</li> <li><input type="checkbox"/> Housing / Homelessness</li> <li><input type="checkbox"/> Human Services             <ul style="list-style-type: none"> <li><input type="checkbox"/> Early Childhood</li> <li><input type="checkbox"/> Youth</li> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Elderly</li> <li><input type="checkbox"/> Women &amp; Girls</li> </ul> </li> <li><input type="checkbox"/> Immigration / Refugees</li> <li><input type="checkbox"/> International/ Foreign Affairs</li> <li><input type="checkbox"/> Libraries / Library Science</li> <li><input type="checkbox"/> Medical Research</li> <li><input type="checkbox"/> Mental Health / Crisis Intervention</li> <li><input type="checkbox"/> Non-Profit Capacity-Building</li> <li><input type="checkbox"/> Public Policy Research &amp; Analysis</li> <li><input type="checkbox"/> Public Safety / Violence Prevention</li> <li><input type="checkbox"/> Recreation / Sports / Leisure / Athletics</li> <li><input type="checkbox"/> Rural Development</li> <li><input type="checkbox"/> Science &amp; Technology</li> <li><input type="checkbox"/> Social Science Research Institutes</li> <li><input type="checkbox"/> Urban Planning / Development</li> <li><input type="checkbox"/> Veterans</li> <li><input type="checkbox"/> Women's Issues</li> <li><input type="checkbox"/> Youth Development</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
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**Documentation**

Is there any pending or anticipated legal or regulatory action against the organization?

- No       Yes (If yes, please describe on a separate document.)

Does the organization have a current IRS determination letter?

- No       Yes, attached to application       Not Applicable

Does the organization have a recent 990 or 990-PF form?\*

- No       Yes, attached to application       Not Applicable

\*If no or not applicable, please attach a written description of the organization's charitable giving or philanthropic advising activities.

Is there a list of the organization's philanthropic officers, trustees, and staff?

- No       Yes, attached to application (Please include email addresses for all staff members.)

I certify that the above-listed organization operates in compliance with all applicable local, state and federal laws and regulations. I agree that representatives of this organization will not use their Philanthropy Southwest membership as a vehicle for solicitation of other Philanthropy Southwest members.

Authorized Representative's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_