Advisor Member Application

ORGANIZATIONAL INFORMATION

Name of organization ______________________________

ADDRESS | CITY | STATE | ZIP

PHONE | WEBSITE

ORGANIZATIONAL FACEBOOK PROFILE | TWITTER HANDLE

INDIVIDUAL ADVISOR INFORMATION

Lead contact for this Membership: ______________________________

TITLE | EMAIL | PHONE

FACEBOOK PROFILE | TWITTER HANDLE | LINKEDIN URL

For each additional advisor from your organization who is applying for Membership, please attach their name, title, email, phone, and social media information on a separate sheet.

Business focus area

Choose as many as apply to your current work.

- ☐ Law
- ☐ Certified financial planning
- ☐ Accounting
- ☐ Bank trust services
- ☐ CLU/insurance services
- ☐ Financial planning
- ☐ Philanthropy advisor
- ☐ Estate planning
- ☐ Fundraising consultant
- ☐ Evaluation consultant
- ☐ Marketing or communications consultant
- ☐ Strategic planning consultant
- ☐ Executive search services
- ☐ Board development
- ☐ Other type of business focus to grantmakers, donors, or operating nonprofits

Type of clientele

Choose as many as apply to your current work.

- ☐ Foundations
- ☐ Trusts
- ☐ Individuals
- ☐ Families
- ☐ Operating nonprofits

Briefly describe how we can help you better serve your clientele.

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Dues

Advisors located outside the metro-Chicago area of Cook, DuPage, Kane, Lake, and Will counties receive a 50% discount.

1 individual from an organization	$500
☐ *My organization also belongs to the Association of Consultants to Nonprofits (20% discount)*	$400
2 - 5 individuals from an organization	$1,000
☐ *Our organization also belongs to the Association of Consultants to Nonprofits (20% discount)*	$800
6-10 individuals from an organization	$1,500
11 or more individuals from an organization	$2,500

DUES PAYMENT

☐ Our check in the amount of $________, made payable to Forefront, is enclosed.

☐ Please charge our credit card $________

☐ Visa ☐ Discover Card ☐ MasterCard ☐ AmEx

CARD NUMBER | EXPIRATION DATE

PRINT NAME ON CARD

SIGNATURE

Please submit your application and along with a client list or brochure, to Forefront, 208 S. LaSalle St., Suite 1540, Chicago, Ill. 60604; or scan and email to join@myforefront.org.

Advisors to also agree to abide by **Forefront's Professional Advisors' Statement of Ethics and Best Practices** on the next page. Please sign the statement and return it with your application.

Questions? Email join@myforefront.org.

Forefront
Engaging for impact

Professional Advisors' Statement of Ethics and Best Practices

Each Advisor Member should return a signed copy to Forefront to indicate that they agree with and subscribe to the principles and will strive to adopt the best practices.

Forefront's Advisor Members are dedicated to promoting the highest standards of competence and ethics in their practice. They focus on their clients' goals and the implementation of those goals. They are dedicated to deepening collegial relationships to support and help clients achieve their potential by inspiring and enhancing the leadership and capacity of organizations. Advisor Members help clients serve the public good in alignment with clients' vision, ideals, and mission.

Advisor Members will:

Advance best practices in the sector including its governance and administration, for example, by promoting *Illinois Nonprofit Principles and Best Practices*.

Subscribe to the highest level of ethical practice. Disclose conflicts of interest and personal biases, and not allow them to influence work with clients. Place clients' best interests above their own direct or indirect interests.

Provide advice that is compliant with the applicable charitable and philanthropic laws and regulations, assuring sound advice and counsel and making appropriate referrals to expert guidance.

Practice at the highest levels of competence. Continue to build on expertise, stay current in knowledge base, improve skills, and help clients build their capacity.

Maintain clients' confidentiality for all business and personal information that is not in the public domain.

Share knowledge and experience to strengthen the field through leadership in peer learning.

SIGNATURE: DATE:

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