

# Membership Application - Advisor



Name of organization: \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ WEBSITE \_\_\_\_\_

COUNTY \_\_\_\_\_

## Business Focus Area:

Choose as many as apply to your current work.

- |                              |                           |                          |
|------------------------------|---------------------------|--------------------------|
| Accounting                   | CLU/insurance services    | Fundraising              |
| Attorneys                    | Estate planners           | Law                      |
| Bank trust services          | Evaluation consultants    | Marketing/Communications |
| Board Development            | Executive Search Services | Philanthropy advisor     |
| Certified financial planning | Financial Advisors        | Strategic planning       |
|                              |                           | Other: _____             |

## Type of Clientele:

Choose as many as apply to your current work.

- |             |                      |        |
|-------------|----------------------|--------|
| Families    | Individuals          | Trusts |
| Foundations | Operating nonprofits |        |

## Dues:

- |   |                                 |
|---|---------------------------------|
| 1 individual from an organization (\$500) | 6-10 individuals (\$1500)       |
| 2-5 individuals (\$1000)                  | 11 or more individuals (\$2500) |

My organization also belongs to the Association of Consultants to Nonprofits and receives 20% off of Member dues. (Dues are then \$400, \$800, \$1200, and \$2000, respectively)

My organization is located outside the metro-Chicago area of Cook, DuPage, Kane, Lake, and Will counties and receives a 50% discount on Membership.

## Dues Payment:

A check in the amount of \$ \_\_\_\_\_, made payable to Forefront, is enclosed.

Please charge our credit card \$ \_\_\_\_\_.

Visa                      Discover  
MasterCard            Amex

\_\_\_\_\_  
CARD NUMBER                      EXP. DATE

\_\_\_\_\_  
PRINT NAME ON CARD

\_\_\_\_\_  
SIGNATURE

We ask that Members strive to adhere to Illinois Nonprofit Principles and Best Practices, posted at [MyForefront.org/best-practices/](http://MyForefront.org/best-practices/). Submission of this form affirms your willingness to do so.

Submit application via email to [Membership@myforefront.org](mailto:Membership@myforefront.org), or send a printed copy and payment to Forefront, C/O FBRK Impact House, 200 W. Madison Ave., 2nd Floor, Chicago, IL 60606. Questions? Email [Membership@myforefront.org](mailto:Membership@myforefront.org).

# Statement of Ethics and 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.

# Staff Contact Information



Please provide the names, positions, and contact information of any staff you would like to receive access to Forefront Member benefits. Please note that the number of staff who receive access to benefits is determined by your dues level.

**FULL NAME:** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

**FULL NAME:** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

**FULL NAME:** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

**FULL NAME:** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

**FULL NAME:** \_\_\_\_\_

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

**Thank you for sharing your staff contact information. If personnel changes do occur, feel free to email [info@myforefront.org](mailto:info@myforefront.org) to let us know so that we may best serve your new team members.**