

**VALLEY COUNCIL ADVISORS MEMBERSHIP FORM**

I am confirming my membership in the Valley Council Advisors at Silicon Valley Community Foundation. I understand my membership is good for three years from the date of my renewal. I qualify as a member by either referring a client's gift to the community foundation, or attending a community foundation event (select which one below):

I referred a client's gift to the community foundation

Client's name: \_\_\_\_\_ Referral date: \_\_\_\_\_

**OR**

I attended a community foundation event

Event name: \_\_\_\_\_ Event date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please add me to the professional advisor e-newsletter list

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for joining or renewing your membership to Valley Council Advisors. Please return this sheet to:

**Silicon Valley Community Foundation**  
**c/o Professional Advisor Relations Officer, Development Department**  
**2440 West El Camino Real, Suite 300, Mountain View, CA 94040**  
**Fax: 650.450.5401**