

Professional Advisors Alliance

Membership Application

Business Information

Name: _____

Business: _____

Title: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Contact Information

Phone (for member listing): _____ Cell (if different): _____

Email (for member listing): _____

Parish Affiliation

Parish Name: _____

Parish City/State: _____

Professional Designations and Certifications

Check any that apply and include your Professional ID number if applicable.

JD _____ CFP _____ CFA _____

CPA _____ CAP _____ Insurance _____

FINRA ID #: _____ Other (Please List): _____

Do you help clients with donor-advised funds or endowments? _____Yes _____No

Do you help clients with planned gifts or beneficiary designations? _____Yes _____No

Have you ever contacted The Catholic Foundation or the Archdiocese of Philadelphia about planned gifts or bequests for you or a client? _____Yes _____No

Do we have your permission to post your business name/city, email, phone number, and parish affiliation as a Professional Advisors Alliance member? _____Yes _____No

Contact Us

Garrett Owen, Chief Philanthropy Officer

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THE CATHOLIC FOUNDATION
OF GREATER PHILADELPHIA

thecfgp.org

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