



INDIVIDUAL MEMBERSHIP APPLICATION

How to complete this application to ensure immediate processing:

1. Self determine your membership category (instructions are below).
2. Verify chapter information. If you want to verify the current dues rate, please call the chapter representative listed below or the AFP International Headquarters (800) 666-FUND to obtain the correct amount. (*Chapter membership is required unless you reside outside the service areas for a local chapter; if you have questions please call the AFP International Headquarters.*)
3. Read the *AFP Code of Ethical Principles and Standards* and complete the signature line on the reverse side.
4. Mail completed form and payment (including association and chapter dues) to our bank at: **ASSOCIATION OF FUNDRAISING PROFESSIONALS
P.O. BOX 51
ANNAPOLIS JUNCTION, MD 20701**

For information on local chapter services and events contact:

AFP Southeastern WI

Erin Richardson
414-399-0281
chapteradmin@afpsewi.org

Home Business

Your Name: _____

Title _____

Organization Name _____

Address _____

City/State _____

Zip/Country _____

Phone _____ Cell _____

Fax _____

Email _____

This information will be listed in the online AFP directory.

Alternate Address: Home Business

Address _____

City/State _____

Zip/Country _____

Phone _____

Email _____

Occasionally we make the membership list available for mailing by reputable companies. If you do not wish to have your name released for this purpose, please check here.

DUES AND FEES:

Individual Membership with AFP is on an individual basis and is not transferable. In the event of change of employment or address, written or email notification to the AFP International Headquarters is required. All dues are payable on an anniversary year basis.

Please check appropriate category:

TOTAL = ASSOCIATION + CHAPTER

Professional

\$310 = \$250 + \$60

Young Professional (Age 30 or younger)

\$95

Please provide birthdate: _____ (Required)

Associate

\$310 = \$250 + \$60

For more information on AFP visit www.afpnet.org

SELF-ASSESSMENT FOR: PROFESSIONAL MEMBERSHIP
(You must self determine your correct category)

Do you hold some degree of responsibility directly for fundraising?

YES NO

If you work within the U.S. or Canada, are you compensated for your services (Members outside these countries may omit answering this question)?

YES NO

If you answered "yes" to the two questions, you are a Professional Member. If not, please carefully read the categories below and check the application designation to the left.

Are you aged 30 or younger?

YES NO

If you answered "yes" to this question as well, you qualify for the Young Professional Membership.

MEMBERSHIP CATEGORIES

Professional: Open to persons who hold some degree of responsibility directly for fundraising; subscribe to the *AFP Code of Ethical Principles and Standards* ("Code") and its bylaws; promote the *Donor Bill of Rights* and, are employed or have been employed by an institution or organization that provides benefits to society
Dues: \$250.00 + chapter dues

Young Professionals: Open to persons who hold some degree of responsibility directly for fundraising; subscribe to the *AFP Code of Ethical Principles and Standards* ("Code") and its bylaws; promote the *Donor Bill of Rights* and, are employed or have been employed by an institution or organization that provides benefits to society. Membership in this category is limited to persons 30 years old or younger
Dues: \$95.00

Associate: Open to persons who are engaged in fields related to fundraising, volunteers, or those who have mutual interests with fundraising professionals, and who subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws; and promote the *Donor Bill of Rights*.
Dues: \$250.00 + chapter dues

For income tax purposes, dues are not considered a charitable contribution. If you or your organization is permitted to deduct your dues from gross income under the U.S. Internal Revenue Code, AFP estimates that 3.9% of your dues are not deductible due to AFP's advocacy efforts.

If you have been a member of AFP in the past, please include your member ID number here _____

1. **Is your organization paying for your annual dues?**
 Yes No Shared
2. **How did you learn about AFP? Check one.**
 A. A colleague
 B. A local AFP chapter activity or publication
 C. An AFP Publication
 D. The AFP International Conference on Fundraising
 E. A non-AFP workshop
 F. An advertisement in another organization's publication
 G. AFP website
 H. Previous AFP member
 I. Internet Search
 J. None of the above

3. **Year of entry into fundraising.** _____

4. **Please complete the following information from your last completed fiscal year. (Report to the nearest thousand)**

- a. Operating budget of institution \$ _____
(If your organization is the fundraising affiliate or foundation, please provide information for the primary institution)
- b. Expense budget of fundraising function \$ _____
(foundation, development department, etc.)
- c. Philanthropic dollars raised \$ _____

5. **In what type of organization are you currently employed? Check one.**

- | | |
|--|--|
| A. <input type="checkbox"/> Health | F. <input type="checkbox"/> Public/Society Benefit |
| B. <input type="checkbox"/> Religious | G. <input type="checkbox"/> Consultant |
| C. <input type="checkbox"/> Educational | H. <input type="checkbox"/> Not Currently Employed |
| D. <input type="checkbox"/> Arts/Cultural/Humanities | I. <input type="checkbox"/> Retired |
| E. <input type="checkbox"/> Human Services | J. <input type="checkbox"/> Other |

6. **How many fundraisers are employed with your organization?**

7. **How many are associated with AFP?** _____

8. **Do you belong to any other professional associations? If yes, please specify** _____

The following information is not required, but your answers will assist us in serving you more effectively.

Gender Female Male

Date of Birth _____
 (required for Young Professionals)

Are you fluent in any languages other than English? Yes No
 If yes, what other languages?

Ethnic Background: Check one.

- | |
|--|
| A. <input type="checkbox"/> African American, not of Hispanic Origin |
| B. <input type="checkbox"/> Alaskan Native |
| C. <input type="checkbox"/> Native American |
| D. <input type="checkbox"/> Asian |
| <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Korean |
| <input type="checkbox"/> Other: Please specify _____ |
| E. <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other: Please specify _____ |
| F. <input type="checkbox"/> Caucasian, not of Hispanic Origin |
| G. <input type="checkbox"/> Hispanic/Latino |
| H. <input type="checkbox"/> Multi-Ethnic |
| I. <input type="checkbox"/> Other |

I certify that I have read and subscribe to the AFP *Code of Ethical Principles and Standards*. By virtue of signing this application, I accept the obligation to abide by the Code and acknowledge that a violation on my part may result in action by the AFP Ethics Committee. I also certify that I have not been found guilty, pled guilty or no contest, or had an adverse verdict or judgment entered against me in a proceeding in which I had been accused of fraud, misrepresentation, embezzlement, theft, or similar crimes, violations, or injury involving a charity or a donor or prospective donor to a charity. I understand that if there is a local AFP chapter within the vicinity, I must belong to the chapter in addition to belonging to the Association of Fundraising Professionals.

Your Signature (required) _____ Date _____

Method of payment: Check Enclosed for \$ _____

Charge \$ _____ to my Visa Account # _____ Exp. Date _____
 MasterCard CVV Number _____
 American Express
 Discover

You will receive services upon payment. Please allow 4-6 weeks for initial receipt of publications.

ASSOCIATION OF FUNDRAISING PROFESSIONALS