



Membership Installment Payment Plan with AFP!

AFP appreciates the economic situation that many members are currently facing and is offering a one-time offer to allow payment of membership dues in six installments. If you are interested in participating in this plan, please contact AFP Membership Services at mbrship@afpglobal.org. **This plan is limited to the Professional or Associate categories of membership only.** All members of AFP belong to both the international association and the local chapter. The international headquarters collects the dues for both and reimburses the chapter their portion when payment is received. Chapter dues vary in amount by chapter. In order to reimburse the chapter their portion in full, under this plan, the first installment payment must cover the entire amount of chapter dues for your particular chapter.

How the installment plan works

1. Contact AFP membership at mbrship@afpglobal.org to develop a plan for the installment payments.
2. Your chapter dues amount will determine the amount calculated for the installment plan.

Example for Professional or Associate Member Dues:

Chapter Dues: \$75.00 International Dues: \$250.00 One-Time Processing Fee: \$6.00

Total Dues: \$331.00

Membership Year: July – June

1st month: \$81.00 (July) (Chapter Dues plus One-Time Processing Fee)

2nd month: \$50.00 (August)

3rd month: \$50.00 (September)

4th month: \$50.00 (October)

5th month: \$50.00 (November)

6th month: \$50.00 (December)

Membership will continue for the entire year or in this example through June of the following year.

3. Fill out the Membership Installment Plan Form (below) providing payment details.



AFP MEMBERSHIP INSTALLMENT PLAN FORM

Name _____ Member ID _____

Title _____

Organization _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email _____

Business Phone _____ Fax _____

I would like to set up an installment plan to pay for my AFP membership dues.

_____ Through my credit card (VISA, MasterCard, Discover or American Express)
Card Number _____ Expiration Date _____

_____ Through my debit card (VISA, MasterCard, Discover or American Express)
Card Number _____ Expiration Date _____

By signing below, I authorize AFP to initiate transfers directly from the account specified above on or around the 20th of each month. I understand that a record of my payments will appear on my checking account or credit card statement.

Signature _____ Date _____

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