

Individual Membership Application



Please use this application if you wish to join AFP as an Individual. This membership will stay with you if you should leave your organization. If you would like an Organizational Membership, where the membership stays with the organization, please refer to the Organizational Membership Application.

If you need assistance, please contact AFP's Membership Services Department at (800) 666-FUND.

For more information about AFP, visit afpglobal.org.

TO COMPLETE THIS INDIVIDUAL MEMBERSHIP APPLICATION

1. Self-determine your category of membership (see box below).
2. Read the *AFP Code of Ethical Principles and Standards* and complete the signature line at the bottom of this application.
3. Mail completed form and payment (including association and chapter dues) to:
Association of Fundraising Professionals, P.O. Box 51, Annapolis Junction, MD 20701
4. Application may be faxed to (240) 396-5602

CATEGORIES OF INDIVIDUAL MEMBERSHIP

(Self-determine your correct category)

- PROFESSIONAL:** Open to persons who hold some degree of responsibility directly for fundraising, work within the U.S. and Canada and are compensated for their services (members outside these two countries may join in this category as a volunteer fundraiser), 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 organization that provides benefits to society.
- YOUNG PROFESSIONAL:** Open to persons who hold some degree of responsibility directly for fundraising, work within the U.S. and Canada and are compensated for their services, and are 30 years old or younger. All must subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws and promote the *Donor Bill of Rights* and be employed, or have been employed, by an organization that provides benefits to society.
- ASSOCIATE:** Open to persons who are engaged in fields related to fundraising, volunteers, or those who have mutual interests with fundraising professionals, subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws and promote the *Donor Bill of Rights*.

Please enter your name and address information or staple your business card.

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ COUNTRY _____

PHONE _____

CELL _____

FAX _____

EMAIL _____

DUES AND FEES

Individual Membership with AFP 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. The Professional and Associate membership fee includes two fees: the association fee and a local chapter fee. To determine your total membership dues, please complete the blanks below. The Young Professional Membership is a flat fee.

1. Please choose your category of membership:
 - Professional Membership: \$290 (association fee) plus Chapter Dues
 - Associate Membership: \$290 (association fee) plus Chapter Dues
 - Young Professional Membership (must be 30 or under):
26 or younger: \$95 (\$65 association/\$30 chapter fee).
27-30: \$175 (\$120 association/\$55 chapter fee)
Please provide birthdate: _____
2. Determine which chapter you will join (see back of form). Enter that chapter fee here:
\$ _____ Chapter code: _____
3. TOTAL FEE: \$ _____
4. Payment method: Check Visa MasterCard AmEx Discover

ACCOUNT # _____

EXP. DATE _____

CARD ID NUMBER (CVV) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US SERVE YOU BETTER:

- Does your organization pay your annual dues? YES NO
- Year you joined the fundraising profession _____
- The AFP membership list is available to reputable organizations subject to approval by AFP. If you do **not** wish to have your name released to other organizations please check here

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 _____

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