

# 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 [www.afpglobal.org](http://www.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, its bylaws and the AFP Member Code of Conduct 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, 4200 Wilson Boulevard, Suite 480, Arlington, VA 22203-4416
4. Application may be faxed to 703-684-1950

### 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 the AFP Code of Ethical Principles and Standards, its bylaws and the AFP Member Code of Conduct and promote the Donor Bill of Rights and be 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, its bylaws, and Standards and the AFP Member Code of Conduct 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, its bylaws, and the AFP Member Code of Conduct and promote the Donor Bill of Rights.

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

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL 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# (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 and the AFP Member Code of Conduct. By virtue of signing this application, I accept the obligation to abide by both codes and acknowledge that a violation of either the AFP Code of Ethical Principles and Standards or the AFP Member Code of Conduct on my part may result in action by the AFP Ethics Committee or the AFP Member Code of Conduct, respectively. 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.

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

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