

Small Nonprofit Organizational Membership Application



Please use this application if you wish to have a Small Nonprofit Organizational Membership. This membership will stay with the organization if you or the designated member should leave the organization. If you would like an Individual Membership, which stays with you should you leave your organization, please refer to the Individual 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.

TO COMPLETE THIS SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

1. Self-Assess your eligibility for this membership (see box below).
2. The designated member must read the AFP Code of Ethical Principles 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

SELF-ASSESSMENT FOR A SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP

1. Does your organization have an operating budget of less than \$2,000,000?
 YES NO
2. Does your organization have a fundraising department with fewer than 2 FTE (Full time equivalents)? YES NO
3. Is your organization individually incorporated or otherwise organized as a separate entity in the laws of your country? YES NO
4. Is your organization **not** affiliated with a larger institution supporting its operations? YES NO

If you answered "yes" to all of these questions, your organization qualifies for SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP.

If you do not qualify, please visit the AFP website (www.afpglobal.org) for other categories of membership or call 800-666-3863.

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

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ COUNTRY _____

PHONE _____

CELL _____

FAX _____

EMAIL _____

DUES AND FEES

Small Nonprofit Organizational Membership with AFP is retained by the organization and is transferable within the same organization. In the event of change of employment of the designated member, written or email notification to the AFP International Headquarters is required. All dues are payable on an anniversary year basis. The Small Nonprofit Organizational Membership fee includes both the association fee and a local chapter fee.

1. Small Nonprofit Organizational Membership fee: \$185
2. Determine which chapter you will join (see back of form).
Chapter code: _____
3. Payment method: Check Visa MasterCard AmEx Discover

NAME ON CREDIT CARD _____

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 _____
- Operating budget of Institution \$ _____
- 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.

TURE REQUIRED _____ DATE _____ QUR _____ SIGNA _____

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