

## Large Nonprofit Organizational Membership Form

Please use this application if you wish to have a Large 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](http://www.afpglobal.org).



### TO COMPLETE THIS LARGE NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION:

- Self-determine that you qualify. (See requirements below)
- Read the AFP Code of Ethical Principles and Standards, its bylaws and the AFP Member Code of Conduct and complete the signature line for each individual signifying they will abide by the codes.
- Mail completed form and payment (including association and chapter dues) to: Association of Fundraising Professionals, 4200 Wilson Boulevard, Suite 480, Arlington, VA 22203-4416
- Invitation may be emailed to [afp@afpglobal.org](mailto:afp@afpglobal.org)
- Invitation may be faxed to 703-684-1950

Nonprofit Organizational Memberships are available to independently incorporated entities for multiple memberships from the same organization.

- The minimum number of memberships is 5.
- Payment must come from a single source.
- Memberships are transferable within the nonprofit organization
- All memberships will be adjusted to the same membership year.

• If you are joining this category for the first time, please contact Membership Services at (800) 666-3863 in order to determine proration for existing AFP members.

Please complete the entire form and return it with your dues payment to: AFP, 4200 Wilson Boulevard, Suite 480, Arlington, VA 22203-4416.

Large 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 Large Nonprofit Organizational Membership fee includes both the association fee and a local chapter fee.

### Please complete the required information below:

Contact First Name:	<input type="text"/>	Contact Last Name:	<input type="text"/>
Organization:	<input type="text"/>		
Contact Title:	<input type="text"/>		
Work Number:	<input type="text"/>	Cell Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Business Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>

Calculate your Payment:

A minimum of 5 AFP members is required at a base rate of \$1,425.  
Each additional member beyond the initial five is \$285.

Number of members: \_\_\_\_\_ x \$285 = \_\_\_\_\_ (Total Amount Due)

Total Fees:

Payment Method:  Check  Card

Card/Check :#

Exp date:  CVV:

# AFP Member Names (Please duplicate this page as needed for additional AFP memberships)

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 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.

Please complete the required information below:

Member First Name:

Member Last Name:

Title:

Chapter Name:

Email Address:

Phone Number:

Business Address:

Business City:

Business State/Providence:   
(Initials)

Business Zip:

Signature:   
Refer to statement at top of page

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  If you wish to receive a printed magazine, please check here

Member First Name:

Member Last Name:

Title:

Chapter Name:

Email Address:

Phone Number:

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Business City:

Business State/Providence:   
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Signature:   
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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.