



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 _____

CVV Number _____

Through my debit card (VISA, MasterCard, Discover or American Express)

Card Number _____ Expiration Date _____

CVV Number _____

By signing below, I authorize AFP to initiate transfers directly from the account specified above at a regular interval over the next year until the end of your yearly membership. I understand that a record of my payments will appear on my checking account or credit card statement.

Signature _____ Date _____

Association of Fundraising Professionals, 4200 Wilson Blvd, Suite 480, Arlington, VA 22203

USA (800) 666-3863 or (703) 684-0410 Fax: (703) 684-1950

Email: AFPInstallment@afpglobal.org