 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFP Membership Status: New \_\_\_\_\_\_ Renewal \_\_\_\_\_\_\_\_ Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Amount Requested should be no more than 50% of the prevailing National Dues – Chapter Dues are not included*

Balance of dues paid by: Self \_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check to be issued to\*: Self \_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of AFP Membership: Professional \_\_\_\_\_\_\_ Young Professional \_\_\_\_\_\_ Associate \_\_\_\_\_\_ Retired \_\_\_\_\_\_\_

Reason for Applying:

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 Signature

*\*All dues assistance checks will be made Payable to AFP unless proof of payment is included in this request.*

Please complete & email to Kathleen Austrino at: **austrinoka@hotmail.com**

 Or Mail a hard copy to: **AFP Mahoning-Shenango**

 **Attn: Kathleen Austrino**

 **PO Box 672**

 **Youngstown, OH 44501**

It is the tradition of the AFP Mahoning-Shenango Chapter to assist in payment of membership dues. The purpose of this assistance is to enalbe persons to participate in the benefits of AFP membership who are volunteer fund raisers, in part-time positions, or employed as fundraisers by small agencies. Priority consideration is giving to self-employed members of members whose agencies cannot or do not assist with payment of AFP dues. New members qualify for this assistance as well as members who are currently serving on a committee or the Board. New members are expected to serve on a committee.