



SMALL NONPROFIT ORGANIZATION 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, please refer to the Individual Membership Application. If you need assistance, please contact AFP's Membership Services Department at (800) 666-FUND.

TO COMPLETE THIS SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

1. Self-Assess your eligibility for this membership (see box below).
2. Read the *AFP Code of Ethical Principles and Standards* and complete the signature line on the reverse side.
3. Mail completed form and payment (including association and chapter dues) to our bank at: **ASSOCIATION OF FUNDRAISING PROFESSIONALS
P.O. BOX 51
ANNAPOLIS JUNCTION, MD 20701**

For information on local chapter services and events contact:

FL, Indian River Chapter

Tracey Segal
772-567-8900
tracey.segal@unitedwayirc.org

Home Business

Your Name: _____

Title _____

Organization Name _____

Address _____

City/State _____

Zip/Country _____

Phone _____ Cell _____

Fax _____

Email _____

This information will be listed in the online AFP directory.

Alternate Address: Home Business

Address _____

City/State _____

Zip/Country _____

Phone _____

Email _____

Occasionally we make the membership list available for mailing by reputable companies. If you do not wish to have your name released for this purpose, please check here.

DUES AND FEES:

Small Nonprofit Organizational Membership with AFP is retained by the organization and is transferable. 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.

Small Nonprofit Organizational Membership

TOTAL

\$175

For more information on AFP visit www.afpnet.org

SELF-ASSESSMENT FOR: SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP

Does your organization have an operating budget of less than \$1,000,000?

YES NO

Does your organization have a fundraising department with fewer than 2 FTE (Full time equivalents)?

YES NO

Is your organization individually incorporated or otherwise organized as a separate entity in the laws of your country?

YES NO

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.

MEMBERSHIP CATEGORIES

There are additional membership categories available for an Individual or larger organization. Please ask your local chapter services contact, visit the AFP website (www.afpnet.org) or call the AFP International Headquarters at (800) 666-3863 for more information.

For 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.

One person per small nonprofit organization is eligible for this membership category. Additional staff may apply in a different membership category.

If you have been a member of AFP in the past, please include your member ID number here _____

1. Is your organization paying for your annual dues?

- Yes No Shared

2. How did you learn about AFP? Check one.

- A. A colleague
- B. A local AFP chapter activity or publication
- C. An AFP Publication
- D. The AFP International Conference on Fundraising
- E. A non-AFP workshop
- F. An advertisement in another organization's publication
- G. AFP website
- H. Previous AFP member
- I. Internet Search
- J. None of the above

3. Year of entry into fundraising. _____

4. Please complete the following information from your last completed fiscal year. (Report to the nearest thousand)

- a. Operating budget of institution \$ _____
(If your organization is the fundraising affiliate or foundation, please provide information for the primary institution)
- b. Expense budget of fundraising function \$ _____
(foundation, development department, etc.)
- c. Philanthropic dollars raised \$ _____

5. In what type of organization are you currently employed? Check one.

- A. Health
- B. Religious
- C. Educational
- D. Arts/Cultural/Humanities
- E. Human Services
- F. Public/Society Benefit
- G. Consultant
- H. Not Currently Employed
- I. Retired
- J. Other

6. How many fundraisers are employed with your organization? _____

7. How many are associated with AFP? _____

8. Do you belong to any other professional associations? If yes, please specify _____

The following information is not required, but your answers will assist us in serving your more effectively.

Gender Female Male

Date of Birth _____

Are you fluent in any languages other than English? Yes No
If yes, what other languages? _____

Ethnic Background: Check one.

- A. African American, not of Hispanic Origin
- B. Alaskan Native
- C. Native American
- D. Asian
 - Chinese
 - Japanese
 - Filipino
 - Korean
 - Other: Please specify _____
- E. Pacific Islander
 - Hawaiian
 - Samoan
 - Other: Please specify _____
- F. Caucasian, not of Hispanic Origin
- G. Hispanic/Latino
- H. Multi-Ethnic
- I. Other

I certify that I have read and subscribe to the AFP Code of Ethical Principles and Standards. 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.

Your Signature (required) _____ Date _____

Method of payment: Check Enclosed for \$ _____

Charge \$ _____ to my Visa Account # _____ Exp. Date _____
 MasterCard CVV Number _____
 American Express
 Discover

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

ASSOCIATION OF FUNDRAISING PROFESSIONALS