



# INDIVIDUAL MEMBERSHIP APPLICATION

## How to complete this application to ensure immediate processing:

1. Self determine your membership category (instructions are below).
2. Verify chapter information. If you want to verify the current dues rate, please call the chapter representative listed below or the AFP International Headquarters (800) 666-FUND to obtain the correct amount. (*Chapter membership is required unless you reside outside the service areas for a local chapter; if you have questions please call the AFP International Headquarters.*)
3. Read the *AFP Code of Ethical Principles and Standards* and complete the signature line on the reverse side.
4. 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

For more information on AFP visit [www.afpglobal.org](http://www.afpglobal.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 \_\_\_\_\_

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.

## DUES AND FEES:

Individual Membership with AFP is on an individual basis and is not transferable. In the event of change of employment or address, written or email notification to the AFP Global is required. All dues are payable on an anniversary year basis.

### Please check appropriate category:

TOTAL = ASSOCIATION + CHAPTER

#### Professional

\$320 = \$280 + \$40

#### Young Professional (Age 30 or younger)

\$95  
Please provide birthdate: \_\_\_\_\_ (Required)

#### Associate

\$320 = \$280 + \$40

## SELF-ASSESSMENT FOR: PROFESSIONAL MEMBERSHIP

(You must self determine your correct category)

Do you hold some degree of responsibility directly for fundraising?

YES  NO

If you work within the U.S. or Canada, are you compensated for your services (Members outside these countries may omit answering this question)?

YES  NO

If you answered "yes" to the two questions, you are a Professional Member. If not, please carefully read the categories below and check the application designation to the left?

Are you aged 30 or younger?

YES  NO

If you answered "yes" to this question as well, you qualify for the Young Professional Membership.

## MEMBERSHIP CATEGORIES

**Professional:** Open to persons who hold some degree of responsibility directly for fundraising; subscribe to the *AFP Code of Ethical Principles and Standards* ("Code") and its bylaws; promote the *Donor Bill of Rights* and, are employed or have been employed by an institution or organization that provides benefits to society  
Dues: \$280.00 + chapter dues

**Young Professionals:** Open to persons who hold some degrees of responsibility directly for fundraising; subscribe to the *AFP code of Ethical Principles and Standards* ("Code") and its bylaws; promote the *Donor Bill of Rights* and, are employed or have been employed by an institution or organization that provides benefits to society. Membership in this category is limited to persons 30 years old or younger  
Dues: \$95.00

**Associate:** Open to persons who are engaged in fields related to fundraising, volunteers, or those who have mutual interests with fundraising professionals, and who subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws; and promote the *Donor Bill of Rights*.  
Dues: \$280.00 + chapter dues

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.

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 ICON  
E.  A non-AFP Event  
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 you more effectively.

1. How do you describe your gender identity?  
 Man or Male or Masculine  
 Transgender Man or Male or Masculine  
 Transgender Woman or Female or Feminine  
 Woman or Female or Feminine  
 Gender non-conforming or Gender queer  
 Intersex or other related terms  
 Prefer to self-describe  
 Prefer not to answer

2. Main ethnic background? (check all that apply)  
 Aboriginal person (e.g. North American Indian)  
 African American/Black, not of Hispanic Origin  
 Alaskan Native  
 Arab  
 Caribbean (West Indian)  
 Caucasian/White, not of Hispanic Origin  
 Chinese  
 Filipino  
 First Nations, Inuit, or Métis  
 Hawaiian  
 Hispanic/Latino  
 Japanese  
 Korean  
 Latin American  
 Multi-Ethnic  
 Pacific Islander  
 Samoan  
 South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)  
 Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian, etc.)  
 West Asian (e.g. Iranian, Afghan, etc.)  
 Other  
 Prefer not to answer

Date of Birth \_\_\_\_\_

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

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.