



MEMBERSHIP INVITATION

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 79099
BALTIMORE, MD 21279-0099**

For information on local chapter services and events contact:

For more information on AFP visit our website at www.afpnet.org

Fort Lauderdale/Broward Chapter

Paul Keefe- HospiceCare of Southeast Florida
954-745-0698
pkeefe@hospicecareflorida.org

- Home Business

Your Name: _____

Title _____

Organization Name _____

Address _____

City/State/Province _____

Zip/Postal Code/Country _____

Phone _____ Fax _____

Email _____

This information will be listed in the online AFP directory.

- Alternate Address: Home Business

Address _____

City/State/Province _____

Zip/Postal Code/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. **AFP enforces its policy that AFP member emails will not be given out to any other organization for promotional purposes.**

DUES AND FEES:

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

Please check appropriate category:

TOTAL	=	ASSOCIATION	+	CHAPTER
Active Membership				
<input type="checkbox"/> \$290	=	\$250	+	\$40.00
Introductory Membership				
<input type="checkbox"/> \$140	=	\$100	+	\$40.00
Associate				
<input type="checkbox"/> \$290	=	\$250	+	\$40.00

SELF ASSESSMENT: FOR ACTIVE MEMBERSHIP

(You must self determine your correct category)

Do you have at least one-year's experience as a fundraising professional?

- Yes Please Describe _____ No

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 two countries may omit answering this question)

- Yes No

If you answered yes to all of the above questions, you are an Active Member. If not, please carefully read the categories below and check the applicable designation to the left.

MEMBERSHIP CATEGORIES

Active: Open to persons who have had at least one (1) year of experience at the time of application as fundraising professionals, are self-employed or associated with an organization, institution or firm and are compensated for his/her services. Active members 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: \$250.00 + chapter dues

Introductory: Open to persons newly employed in the field; full-time students in a degree-granting, certificate or diploma program; members who work for grassroots organizations with an operating budget of \$250,000 or less; executive directors who spend less than 25% of their time on fundraising related responsibilities; and volunteers. All must subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws and promote the *Donor Bill of Rights*, Membership in this category is limited to a two-year duration
Dues: \$100.00 + chapter dues (year one), \$150.00 + chapter dues (year two)

Associate: May be extended 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: \$250.00 + 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 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. 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.

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 Association of Fundraising Professionals (AFP) Code of Ethical Principles and Standards. By virtue of signing this application, I accept the obligation to abide by that Code and acknowledge that a violation on my part may result in action by the AFP Ethics Committee. Also, I understand that if there is a local AFP chapter within the vicinity, I must belong to the local chapter in addition to belonging to the Association of Fundraising Professionals.

Your Signature _____ Date _____

Who introduced you to AFP? _____

METHOD OF PAYMENT: Check Enclosed For \$ _____

Charge \$ _____ to my

- Visa
- MasterCard
- American Express
- Discover

Account # _____ Exp. Date _____

You will receive services upon payment. Please allow 4-6 weeks for initial receipt of publications. \$50.00 of your annual dues goes toward *Advancing Philanthropy* magazine.

ASSOCIATION OF FUNDRAISING PROFESSIONALS

4300 WILSON BOULEVARD, SUITE 300, ARLINGTON, VIRGINIA 22203, (703) 684-0410, (800) 666-FUND, (866) 837-1948, TOLL FREE FROM MEXICO, FAX: (703) 684-1950
www.afpnet.org, email: mbrship@afpnet.org