

MEMBERSHIP INVITATION

If you need assistance, please contact AFP's
Membership Services Department at
800/666-FUND



For more information about AFP,
visit www.afpnet.org

To complete this application:

1. Self-determine your category of membership (see box below)
2. Read the *AFP Code of Ethical Principles and Standards of Professional Practice* and complete the signature line at the bottom of this application.
3. Mail completed form and payment (including association and chapter dues) to:

Association of Fundraising Professionals, P.O. Box 631989, Baltimore, MD 21263-1989

Please enter your name and address information or staple your business card.

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Self-Assessment For Active Membership

1. Do you have at least one year of experience as a fundraising professional?
 Yes No
2. Do you hold some degree of accountability for your organization's income generation within the philanthropic process?
 Yes No
3. Do you spend at least one quarter of your time on fundraising-related responsibilities and are you compensated for your services?
 Yes No

If you answered "yes" to all of these questions, you qualify to be an active member. If not, please carefully read the categories of membership to the right and check the applicable designation below.

Dues and Fees

Membership 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. The membership fee is comprised of two fees: the Association fee and a local chapter fee. To determine your total membership dues, please fill in the blanks below.

1. Please choose your category of membership:

- Active Membership: \$220 + \$75 = \$295
- Introductory Membership: \$100 + \$75 = \$175
- Affiliate Membership: \$220 + \$75 = \$295

3. From the category of membership above, enter the association fee here: \$ _____ Chapter code: NY2

3. Payment method: Check Visa Mastercard Discover
Account # _____ Exp. date _____

CATEGORIES OF MEMBERSHIP

(You must self-determine your correct category)

Active: Open to persons who have 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 compensated for his/her services. Active members hold some degree of accountability for income-generation within the philanthropic process; estimate at least a quarter of their time is spent on fundraising related responsibilities; subscribe to the *Code of Ethical Principles and Standards of Professional Practice* ("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.

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 of Professional Practice* and its bylaws and promote the Donor Bill of Rights. Membership in this category is limited to a two-year duration.

Affiliate: 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 of Professional Practice* and its bylaws; and promote the Donor Bill of Rights.

PLEASE HELP US TO GET TO KNOW YOU BETTER BY COMPLETING THE FOLLOWING:

1. Is your organization paying your annual dues? YES NO
2. Year of your entry into fundraising _____
3. How many fundraisers are employed by your organization? _____
4. How many are associated with AFP? _____
5. How did you hear about AFP? (Please check one)
 An AFP publication Non-AFP workshop
 Local AFP chapter activity or publication AFP website
 The AFP International Conference on Fundraising brochure
 Current or previous AFP member Colleague

I certify that I have read and subscribe to the *AFP Code of Ethical Principles and Standards of Professional Practice*. 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: _____

You will receive services upon payment. Please allow 4-6 weeks for initial receipt of publications. \$60 of your annual dues goes toward Advancing Philanthropy magazine.

AFP Western New York NY2