



# 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](http://www.afpnet.org)

*New Jersey Chapter*

Lori Richmond, Association Manager  
732-279-4258  
[afpnjchapter@comcast.net](mailto:afpnjchapter@comcast.net)

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
<input type="checkbox"/> \$325	=	\$250	+	\$75.00
<input type="checkbox"/> \$175	=	\$100	+	\$75.00
<input type="checkbox"/> \$325	=	\$250	+	\$75.00

**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

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) 684-0540  
www.afpnet.org, email: mbrship@afpnet.org