



Collegiate Chapter Membership Invitation

Your Name: _____

University or College: _____

Mailing Address: _____

City/State/Province: _____

Zip/Postal Code/ Country: _____

Phone: _____

Email: _____

Home Address

Address: _____

City/State/Province: _____

Zip/Postal Code/Country: _____

Phone: _____

Email: _____

Alumni email: _____

Dues and Fees: Association with AFP is on an individual basis and is not transferable. In the event of change of educational institution or address, written notification to the AFP International Headquarters is required. All dues are payable on a rotating anniversary basis.

Collegiate: Open to students enrolled in a degree-granting, certificate or diploma program at an accredited college or university. Part time graduate students are eligible unless they are working full time for a nonprofit organization, in which case they are urged to join their AFP chapter. 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 those students affiliated with a Collegiate Chapter of AFP.

Total Association dues = \$35

I certify that I have read and subscribe to the Association of Fundraising Professionals (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 I must belong to the local Collegiate Chapter in addition to belonging to the Association of Fundraising Professionals.

Your Signature: _____ Date: _____

Advancing Philanthropy, an AFP publication produced six times a year is available to Collegiate members for an additional \$50.00 USD. Please sign me up for a subscription: Yes No

Method of Payment:

Check Enclosed for \$ _____

Charge \$ _____

Visa

MasterCard Expiration

American Express

Discover

Account # _____

Expiration Date: _____

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: Please Specify _____

Are you planning a career in non-profit management? Yes No

What year are you currently in?

Freshman Sophomore Junior Senior Graduate

What is your current major? _____