



# VAFRE NEW MEMBERSHIP APPLICATION

FISCAL YEAR July 1, 2008 through June 30, 2009

Questions? Please contact Loren Hatcher, VAFRE Member Recruitment Chair, at (804) 270-5066 or by e-mail to [lhatcher@boysandgirlshome.org](mailto:lhatcher@boysandgirlshome.org)

Return this application with a check, payable to: VAFRE. New Member dues received after April 15 and before June 30 will be applied to both the current and coming fiscal years. Tax ID # 54-1248203.

Your application will be reviewed by the membership committee. Once your application is approved, you are eligible for the member rate to VAFRE lunches and events.

## **Personal Information** -- please print legibly

Applicant Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Membership Type -- I meet the membership requirements as outlined below (please check only one):**

\_\_\_\_\_ **Active:** Full-time development professional of, or consultant to, a 501 (c)(3) organization and must spend the majority of his or her time seeking financial support in the form of gifts, grants, research, contributions, special events, planned giving, or supporting/participating in the process of philanthropy. All fund raising consultants must be registered with the Virginia Department of Agriculture and Consumer Services and consultants applying for VAFRE membership must attach a copy of their state registration form.

### ***Please check the box below that most accurately describes your Active membership:***

\_\_\_\_\_ *If membership is paid by your 501 (c) (3) organization, membership applies to the position of the applicant and may be transferred within the same VAFRE fiscal year to subsequent individuals filling this particular job within the same organization. Each person within the organization must apply for a separate membership.*

\_\_\_\_\_ *If membership is paid by you, the individual employee or consultant without expectation of reimbursement from your 501 (c)(3) organization, membership is non-transferable and remains with you the applicant in all circumstances for this fiscal year.*

\_\_\_\_\_ **Affiliate:** Volunteer member of the Board of Directors or part time development professional of a 501 (c) (3) organization, resident of the Commonwealth of Virginia, and as a volunteer Board member or part time development professional must spend the majority of his or her time providing guidance or seeking financial support in the form of gifts, grants, research, contributions, special events, planned giving, or supporting/participating in the process of philanthropy. (Affiliate members are non-voting members and may not hold a position on Board of VAFRE.) This membership is non-transferable and remains with you the applicant in all circumstances for this fiscal year.

\_\_\_\_\_ **Supportive -** Includes consultants and foundation executives who have a vested interest in the ongoing successful development of fundraising professionals in the Central Virginia area. (Supportive members are non-voting members and may not hold a position on Board of VAFRE.) This membership is non-transferable and remains with you the applicant in all circumstances for this fiscal year.

\_\_\_\_\_ **Student -** Full or part time student pursuing a degree relevant to fundraising or a current intern with a nonprofit organization learning skills relative to development. Membership is approved for one year and applicant must reapply each year by demonstrating student status. (Student members are non-voting members and may not hold a position on Board of VAFRE.) This membership is non-transferable and remains with you the applicant in all circumstances for this fiscal year.

Date of entry into or affiliation with the fund-raising field: \_\_\_\_\_

Have you been a VAFRE member before? \_\_\_No \_\_\_Yes.

If so, how long has it been since your membership? \_\_\_\_\_

Are you filling the position of someone in your organization who was a VAFRE member? \_\_\_No \_\_\_Yes

If yes, please note the individual's name here: \_\_\_\_\_

How did you find out about VAFRE? \_\_\_\_\_

Please write a brief description of your current fund-raising position or affiliated responsibilities:

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**Member Category**

Please choose only one

- \_\_\_\_\_ I am enclosing \$100 for annual dues for Active or Affiliate Membership  
\_\_\_\_\_ I am enclosing \$115 for annual dues for Supporting Membership  
\_\_\_\_\_ I am enclosing \$50 for annual dues for Student Membership

**Payment**

- \_\_\_\_\_ I am also enclosing a \$10 new member fee.  
\_\_\_\_\_ I am also enclosing \$205 for 10 prepaid luncheon meetings for the full year.  
*Please note that a prepaid luncheon meeting registration may be used by another VAFRE member but it is not refundable.*

<b>Membership Category (select one)</b>	<b>Dues and Fees</b>	
Active Membership	\$100.00	
Affiliate Membership	\$100.00	
Supporting Membership	\$115.00	
Student Membership	\$50.00	

**Membership Total**

**Additional Fees**

Prepaid Lunches	\$205.00	
New Member Fee	\$10.00	\$10.00

**TOTAL ENCLOSED**

If you wish to pay by credit card, please complete the information on the following page.

All members must abide by VAFRE's ethical standards. Please review these standards in our brochure or on our website ([www.vafre.org](http://www.vafre.org)) and indicate your agreement by signing below:

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_



### Credit Card Charge

If you wish to pay your dues with a credit card, please complete the following and return all pages of this document by e-mail, fax or mail to VAFRE. All information is needed to process your credit card. A receipt will be e-mailed to you.

Name on Card : \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For: \_\_\_\_\_ 2008-2009 Dues \_\_\_\_\_ 2008-2009 Season Pass Total Amount: \$ \_\_\_\_\_

Credit Card  
Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Customer Verification #: \_\_\_\_\_  
*(from back of card)*

Signature: \_\_\_\_\_