



VAFRE NEW MEMBERSHIP APPLICATION

(Note: All memberships are for the period of one year from the date of activation.)

Questions? Please contact Samantha Thurman, VAFRE Membership Chair, at thurmans@yourunitedway.org.

Return this application with a check, payable to: VAFRE.
Tax ID # 54-1248203, to P.O. Box 6605, Richmond, VA 23230.

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 membership in the corporation shall be limited to residents of the Commonwealth of Virginia whose full- or part time employment, volunteerism, or academic studies involves some aspect of seeking financial support in the form of gifts, grants, contributions and bequests to benefit organizations that are exempt from federal income taxation pursuant to Section 501(c) (3) of the Internal Revenue Code. This shall also include individuals who have a vested interest in the philanthropic community of the Commonwealth, including, but not limited to, Grantmakers, foundation trustees, or other entities or individuals who seek to further the mission of 501 (c) (3) organizations in Virginia through governance, leadership, or financial support.

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.*

_____ 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. (Student status may be verified by a copy of a student ID.)

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:

Membership Category (select one)	Dues and Fees
Active Membership	\$125.00
Student Membership	\$50.00
TOTAL ENCLOSED	

If you wish to pay by credit card, please complete the information below and e-mail this form to admin@vafre.org or fax to (804) 368-3398, or return your application with a check made payable to VAFRE to P.O. Box 6605, Richmond, Virginia 23230.

VAFRE has adopted AFP's Code of Ethical Principles and Standards. All members must abide by these standards. Please review these standards on the VAFRE web site (http://vafre.org/code_of_ethics) 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: ____ Annual Dues Total Amount: \$ _____

Credit Card
Number: _____

Expiration Date: _____ Customer Verification #: _____

(from back of card)

Signature: _____