



Association Foundation Group Membership Application

Please use this form to ensure we have your information.

First Name: _____

Last Name: _____

Suffix: _____
(Phd, CFRE, CAE, etc.)

Title: _____

Organization: _____
(Please spell out)

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Phone: _____ Fax: _____

Referred By AFG Member: _____

How many years have you been in your industry? _____

What percentage of your job duties is dedicated to foundation fundraising? _____

Who pays for your membership dues? _____(self) _____(employer)

_____ I have enclosed a check for \$125.00 made payable to **AFG**.

_____ Charge \$125.00 to my AMEX MasterCard Visa

Card Number: _____ Exp. Date _____

Name on Card: _____ CSV #: _____

Signature: _____

An AFG membership is one-year and is non-refundable and non-transferable.

Please return to: 1701 K Street, NW, Ste. 650, Washington, DC 20006
Fax: 202.449.8560

For questions, please contact AFG Headquarters at 703.740.8737 or email:
info@associationfoundationgroup.org

Thank you for supporting the Association Foundation Group, be sure to like us on Facebook!