



VAFRE NEW MEMBERSHIP APPLICATION

FISCAL YEAR July 1, 2009 through June 30, 2010

Questions? Please contact Micahel Vandergrift, VAFRE Member Recruitment Chair, at (804) 261-0205 x117 or by e-mail to michaelvandergrift@agraceplaceacc.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:

Member Category

Please choose only one

- _____ I am enclosing ~~\$100~~ \$50 for annual dues for Active or Affiliate Membership
- _____ I am enclosing ~~\$115~~ \$57.50 for annual dues for Supporting Membership
- _____ I am enclosing ~~\$50~~ \$25 for annual dues for Student Membership

Payment

- _____ I am also enclosing a \$10 new member fee.
- _____ I am also enclosing ~~\$235~~ \$135 for 6 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.

Membership Category (select one)

Dues and Fees

Membership Category	Dues and Fees
Active Membership	\$100.00 just \$50.00 for a limited time
Affiliate Membership	\$100.00 just \$50.00 for a limited time
Supporting Membership	\$115.00 just \$57.50 for a limited time
Student Membership	\$50.00 just \$25.00 for a limited time

Membership Total

Additional Fees

Prepaid Lunches	\$235.00 just \$135.00 for a limited time
New Member Fee (for new applicants only)	\$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) 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: _____ New Member Fee _____ 2009-2010 Dues _____ 2009-2010 Season Pass

Total Amount: \$ _____

Credit Card
Number: _____

Expiration Date: _____ Customer Verification #: _____
(from back of card)

Signature: _____