


AFP Global Membership

Small Nonprofit Organizational Membership Form

Please use this application if you wish to have a Small Nonprofit Organizational Membership. This membership will stay with the organization if you or the designated member should leave the organization.
If you would like an Individual Membership, which stays with you should you leave your organization, please refer to the Individual Membership Application.
If you need assistance, please contact AFP's Membership Services Department at (800) 666-FUND.
For more information about AFP, visit www.afpglobal.org.

TO COMPLETE THIS SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION:

- Self-determine your category of membership (see box below).
- Read the AFP Code of Ethical Principles and Standards, its bylaws and the AFP Member Code of Conduct and complete the signature line and two check boxes at the bottom of this application.
- Mail completed form and payment (including association and chapter dues) to: Association of Fundraising Professionals, 4200 Wilson Boulevard, Suite 480, Arlington, VA 22203-4416
- Application may be faxed to 703-684-1950 or emailed to afp@afpglobal.org

SELF-ASSESSMENT FOR A SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP:

Does your organization have an operating budget of less than $2,000,000? ◯ Yes ◯ No

Does your organization have a fundraising department with fewer than 2 FTE (Full time equivalents)? ◯ Yes ◯ No

Is your organization individually incorporated or otherwise organized as a separate entity in the laws of your country? ◯ Yes ◯ No

Is your organization not affiliated with a larger institution supporting its operations? ◯ Yes ◯ No

If you answered "yes" to all of these questions, your organization qualifies for SMALL NONPROFIT ORGANIZATIONAL MEMBERSHIP.

If you do not qualify, please visit the AFP website (www.afpglobal.org) for other categories of membership or call +1 (800) 666-3863.

◯ Small Nonprofit Organizational Membership - $145 plus $70 chapter dues

Please complete the required information below:

Organization:

First Name: Last Name:

Title:

Address:
Business ◯ Home ◯

City: State/Province:

Zip/Postal Code: Country:

Work/Business Number: Cell Number:

Email Address:




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Small NPO Membership Invitation Form

Small Nonprofit Organizational Membership with AFP is retained by the organization and is transferable within the same organization. In the event of change of employment of the designated member, written or email notification to the AFP International Headquarters is required. All dues are payable on an anniversary year basis. The Small Nonprofit Organizational Membership fee includes both the association fee and a local chapter fee.

Chapter Name: Total Fees (including association fee): $215

Payment Method: ◯ Check ◯ Card Card/Check :# Exp date: CVV:

Please complete the information below (optional):

Demographic Information

Ethnic Background:

Gender identity:

Year joined the fundraising profession:

Current position:

Communication Preferences

Would you like to receive renewal reminders via text? ◯ Yes ◯ No

By default, your membership comes with a free print edition of the Advancing Philanthropy Magazine. Would you like to receive the free print version? ◯ Yes ◯ No

Additional Questions

Organization Operating Budget:

What other organizations are you a part of?

Does your organization pay annual dues: ◯ Yes ◯ No

AFP Code of Ethical Principles and Standards

By virtue of submitting this application, I certify that I have read and subscribe to the AFP Code of Ethical Principles and Standards. The updated code is effective as of January 1, 2025. I accept the obligation to abide by the Code and acknowledge that a violation on my part may result in action by the AFP Ethics Committee. I also certify that I have not been found guilty, pled guilty or no contest, or had an adverse verdict or judgement entered against me in a proceeding in which I had been accused of fraud, misrepresentation, embezzlement, theft, or similar crimes, violations, or injury involving a charity or a donor or prospective donor to a charity. I understand that if there is a local AFP chapter within the vicinity, I must belong to the chapter in addition to belonging to the Association of Fundraising Professionals.

☐ I acknowledge the statement above

AFP Member Code of Conduct

By virtue of submitting this application, I certify that I have read and subscribe to the AFP Member Code of Conduct. The code is effective as of January 1, 2025. I accept the obligation to abide by the Code and acknowledge that a violation on my part may result in action by the AFP Member Code of Conduct Committee. I understand that if there is a local AFP chapter within the vicinity, I must belong to the chapter in addition to the Association of Fundraising Professionals.

☐ I acknowledge the statement above

Signature

You will receive services upon payment. Please allow 4–6 weeks for initial receipt of publications. For U.S. income tax purposes, dues are not considered a charitable contribution. If you or your organization is permitted to deduct your dues from gross income under the U.S. Internal Revenue Code, AFP estimates that 3.9% of your dues are not deductible due to AFP's advocacy efforts.