



AFP ROCKFORD CHAPTER MEMBERSHIP GRANT APPLICATION

For specific fee information refer to www.afpnet.org or www.afprockford.org

**Individuals being considered are those whose organizations do not pay or only partially pay for their membership.*

Applicant's Name _____

Are you currently a member of AFP? _____ How long? _____

Employer _____ Job Title _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Home Phone (_____) _____

E-mail Address _____ Website URL _____

How long have you been responsible for fundraising with your present employer? Years _____ Months _____

Are you or will you be an Individual paying member? Yes _____ No _____

What portion of the membership will your employer pay for? _____ (If you receive this grant, you will be responsible for the local dues portion of \$35)

To be eligible for this grant, you must be willing to serve on at least one AFP Committee. Please circle the Committee you would be willing to serve on. **Every Member Campaign, Membership, National Philanthropy Day, Nominating, Professional Advancement, Public Relations, or Reservations**

Why is this membership important to you? _____

Would you be able to be a member if you do not receive this grant? _____

Applicant Signature

Date

Please send form to:
Membership Scholarship
Rockford Area Chapter AFP – P.O. Box 4663 – Rockford, IL 61110-4663