



AFP ROCKFORD CHAPTER MEMBERSHIP GRANT APPLICATION

Applications must be received by September 30, 2010 in order to be considered for membership reimbursement.

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 the 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, Reservations or Survey.**

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 or fax to 815-395-2295
OSF Saint Anthony Foundation c/o Jessica Fichtner
5666 East State Street Rockford, IL 61108