



MEMBERSHIP FORM 2011-2012

Name: _____ Date: _____

Status: _____ Anticipated Graduation Year: _____

Local Address: _____

Phone: _____ N# (student ID#): _____ Email: _____




Major: _____ Minor: _____ Referred By: _____

Other Club/Organizations Affiliations (internal to Flagler and outside of Flagler):

Are you passionate about Flagler? Why?

Why do you want to be a part of the AFP?

Which workshops would you attend? (Check all that apply)

-  Fundraising **101** & Business Sponsorships: How to **Gain** and **Keep** Them
-  Let's Market **YOU**: Enhancing Your Resume, Cover Letter and Professional Portfolio
-  **LIFE** after Graduation: Where will Your College Degree Take **YOU**?

PLEASE RETURN FORM TO:
JEFF DAVITT
OFFICE OF INSTITUTIONAL ADVANCEMENT
DIRECTOR, ANNUAL FUND
JDAVITT@FLAGLER.EDU