



AFP First Coast Collegiate Chapter at UNF (FL5C1)
Collegiate Chapter Membership Invitation

University/College: University of North Florida (UNF)

Name: _____

School Address: _____

City/State/Province: _____

Zip/Postal Code/ Country: _____

Phone: _____

Email: _____

Permanent Address: _____

City/State/Province: _____

Zip/Postal Code/Country: _____

Phone: _____

Dues and Fees: Association with AFP is on an individual basis and is not transferable. In the event of change of educational institution or address, written notification to the AFP International Headquarters is required.

Collegiate: Open to students in a two- or four-year full time degree granting, certificate, or diploma program at an accredited college or university, or those who serve as a faculty advisor for a collegiate chapter of AFP. All must subscribe to the AFP Code of Ethical Principles and Standards of Professional Practice and its bylaws and promote the Donor Bill of Rights. Membership in this category is limited to those students affiliated with a Collegiate Chapter of AFP.

Total		Association	+	Chapter
\$35	=	\$35	+	\$0

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****You also have the ability to make your first philanthropic gift to UNF; to any department, at any amount you desire. *Just remember, any gift, no matter the size, makes an exponential difference.* This can be done by filling out a pledge card given to you by the Annual Giving officer in the University Advancement division.**

I certify that I have read and subscribe to the Association of Fundraising Professionals (AFP) Code of Ethical Principles and Standards of Professional Practice. By virtue of signing this application, I accept the obligation to abide by that Code and acknowledge that a violation on my part may result in action by the AFP Ethics Committee. Also, I understand that I must belong to the local Collegiate Chapter in addition to belonging to the Association of Fundraising Professionals.

Signature: _____ Date: _____

Advancing Philanthropy, an AFP publication produced six times a year is available to Collegiate members for an additional \$50.00 USD.

Please sign me up for a subscription: Yes No

Method of Payment:

Check Enclosed for \$ _____

Charge \$ _____

- Visa
 MasterCard
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Account # _____
Expiration Date: _____

The following information is not required, but your answers will assist us in serving you more effectively.

Gender: Female Male

Date of Birth: _____

Are you fluent in any languages other than English? Yes No

If yes, what other languages? _____

Ethnic Background: Check One.

- A. African American, not of Hispanic Origin
B. Alaskan Native
C. Native American
D. Asian
 Chinese Japanese Filipino Korean
 Other: Please specify _____
E. Pacific Islander
 Hawaiian Samoan Other: Please specify _____
F. Caucasian, not of Hispanic Origin
G. Hispanic/Latino
H. Multi-Ethnic
I. Other: Please Specify _____

Are you planning a career in non-profit management? Yes No

What is your current year? Freshman Sophomore Junior Senior Graduate Student

What is your current major? _____