



NATIONAL ASSOCIATION OF FOSTER GRANDPARENT PROGRAM DIRECTORS

Advocate Nationally-Succeed Locally

MEMBERSHIP APPLICATION AND CONTRIBUTION FORM

Please check the appropriate membership* category:

☐ **Professional**

\$150 per year - For Project Directors, Assistant Directors, Coordinators, and Supervisors. May vote and hold office. To vote in national elections dues must be received prior to March 31.

☐ **Supporting**

\$100 per year - For those who support and promote the program (e.g. additional program staff, community supporter, Advisory Council Member). May not vote or hold office.

☐ **Sponsor**

\$200 per year - For current grantees wishing to offer financial support to the Association.

☐ **List-Serve Subscription**

\$50 per year - Open to staff members of Professional Members wishing their staff to receive and post to the list-serve.

☐ **Foster Grandparent Volunteer**

\$2.00—** see note below to enroll multiple volunteers

In addition to my membership check, I am enclosing a tax-deductible contribution of \$_____ to support NAFGPD.

Please check one: ☐ New membership ☐ Renewal

Date of Application: _____

Please print legibly. If you have a business card, please attach it to this application. Thank you!

Name: _____ Title: _____

Project Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Ext. _____ Fax Number: (____) _____ Cell Phone: (____) _____

E-mail: _____

Sponsoring Agency: _____

Sponsoring Agency Address (if different from Project Address): _____ City: _____ State: _____ Zip: _____

Sponsor Contact Name: _____ E-mail: _____

Sponsoring Agency/Project Website: _____

Cluster (check one): ☐ Atlantic ☐ North Central ☐ Pacific ☐ Southern ☐ Southwest

☐ Additional Program Staff joining as a Supporting Member: Name: _____

E-mail: _____ Phone (if different from above) _____

For multiple Volunteer Memberships, Directors may attach a one-sheet roster with **Volunteer Names and Project Name to this form. Volunteer membership cards will be sent to the Project Director for distribution to volunteers.

Please mail this form and your check (made payable to NAFGPD) to:

NAFGPD
%Denise Nelsen, Admin. Assistant
1251 Vernon Drive
Carver, MN 55315
You may also renew online at <http://www.nafgpd.org>

Please Note:

* Membership in the NAFGPD is based on a calendar year, January 1 through December 31. The dues you pay for membership to NAFGPD do not cover any other state or regional associations.

Under the OMB Circulars (Federal Office of Management and Budget) membership dues in professional organizations are an allowable cost. These may be budgeted as federal or required non-federal as well as excess.

NAFGPD is incorporated as a non-profit tax exempt organization under Section 501 (c)(3) of the Internal Revenue Code. Our Federal Tax ID Number is: 41-1619730. You are welcome to duplicate this form.