Charitable, Foundation & Not-For-Profit Organization & Business Membership Form

ALBERTA ASSOCIATION OF FUND RAISING EXECUTIVES

☐ Charitable Organization $200 ☐ Business $200

(maximum 5 members, 6th & subsequent members of same organization $50 each)

Organization_____ ☐ Province Wide Mandate

Address_____ City_____ Postal Code_____

Web Site:_____

Voting Member (1 per organization)
Name_____ Title_____

Phone_____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature_____ Date_____

Non-Voting Member
Name_____ Title_____

Phone_____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature_____ Date_____

Non-Voting Member
Name_____ Title_____

Phone_____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature_____ Date_____

Non-Voting Member

Name_____ Title_____

Phone_____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature_____ Date_____

Non-Voting Member

Name_____ Title_____

Phone_____
(work) (fax) (email) (home)

I agree to conduct myself in accordance with the AAFRE Code of Ethics and Professional Practices

Signature_____ Date_____

Pay with your VISA ___or MasterCard____ Card number: _____ Amount _____

Name on card: _____ Expiry date: _____

Fax to 780-761-1839

By Cheque: payable to AAFRE and mail to AAFRE, #402, 10118 - 95 Street, Edmonton, AB T5H 4R6