

**Membership Application and Renewal Form**

Type or print and return with your check made payable to:

**APRA-AR**

**c/o Rachel Gray**

**12267 Shells Ct.**

**Farmington, AR 72730**

**\*Please note, this is a home address due to the closure of the University of Arkansas’ office closure.**

**Amount Due: \_$50\_**

**Join for a full year of membership benefits!**

Name: Title:

Organization:

Address:
City: State: ZIP:
Phone: Fax:

E-mail: Year entered Prospect Research:

**2020-2021**

**Membership** *(check only one)*:

☐ New Member ☐ Renewal Member

**Category** *(check only one)*:

☐ Individual – membership remains with individual if he or she leaves organization and dues are paid by the individual.

☐ Organizational – membership remains with designated person at that organization and dues are paid by the organization.

**Leadership Interest**

☐ I am interested in a leadership role.

**Other Professional Organizations of which you are a member:**

☐ APRA (international): Association of Professional Researchers for Advancement

☐ AFP (international): Association of Fundraising Professionals

☐ AFP (local chapter): Association of Fundraising Professional

☐ AHP: Association for Healthcare Philanthropy

☐ CASE: Council for Advancement and Support of Education

☐ Other

**How did you hear about APRA-AR?**

☐ Chapter ☐ Colleague ☐ Employer ☐ Friend ☐ Internet ☐ Website ☐ Other

On occasion APRA-AR may share its membership list with institutions (to announce employment opportunities), other professional organizations and vendors. Please include my name: ☐ Yes ☐ No

*As a member of APRA-AR, I agree to support and uphold the mission, goals and codes of the association.*

Signature: Date: