

Membership Application Form

Please save this form on your computer and then attach it as a document in an email to membership@saafdn.org.

Applicant Information

Organization Name: _____ **EIN:** _____

Address: _____ **City** _____ **ST:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Website:** _____ **County:** _____

Executive Director: _____ **Title:** _____

Email: _____ **Phone:** _____

Member Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

Membership Information

Membership dues are based on affiliation with the San Antonio Area Foundation or your organizational budget.

Annual Dues		Payment	
Any agency with a fund held at the Area Foundation <i>(includes endowment and operating funds)</i>	\$249	We have a fund at the Area Foundation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operating Budget		Organization's Total Annual Expenses: <i>(according to line 18 on the Form 990 or line 17 on the Form 990-EZ)</i>	\$ _____
Less than \$1 million	\$249	Amount Enclosed: • For Annual Dues: \$ _____ • For BoardEffect (agencies < \$1 million): \$ _____	
<i>(add \$125 for BoardEffect)</i>	<i>\$125 (optional)</i>	TOTAL AMOUNT ENCLOSED:	\$ _____
\$1 - \$5 million	\$499	<input type="checkbox"/> Check enclosed payable to: San Antonio Area Foundation, with "membership" on the memo line. Remit to: 303 Pearl Parkway, Suite 114, San Antonio, TX 78215	
<i>(includes BoardEffect)</i>		To pay by credit card, please call 210.775.5690.	
\$5 million and above	\$499		
<i>(discount on BoardEffect)</i>			

Thank you. By filling out this membership form, you are granting the San Antonio Area Foundation permission to use your personal data. Your data will be used solely for Area Foundation purposes. Your personal data will not be shared, transferred or sold to third parties. You can withdraw consent to use your personal data at any time by emailing info@saafdn.org. Please write "Withdraw My Data" in the subject line of your email.