

Membership Application Form

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	
Any agency with a fund held at the Area Foundation <i>(includes endowment and operating funds)</i>	\$249
<u>Operating Budget</u>	
Less than \$1 million <i>(add \$125 for BoardEffect)</i>	\$249 <i>\$125 (optional)</i>
\$1 - \$5 million <i>(includes BoardEffect)</i>	\$499
\$5 million and above <i>(discount on BoardEffect)</i>	\$499

Payment	
We have a fund at the Area Foundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization's Total Annual Expenses: <i>(according to line 18 on the Form 990 or line 17 on the Form 990-EZ)</i>	\$ _____
Amount Enclosed:	
• For Annual Dues:	\$ _____
• For BoardEffect (agencies < \$1 million):	\$ _____
TOTAL AMOUNT ENCLOSED:	\$ _____
<input type="checkbox"/> Pay by check - payable to: San Antonio Area Foundation, with "membership" on the memo line. Remit to: 303 Pearl Parkway, Suite 114, San Antonio, TX 78215	
<input type="checkbox"/> Pay by credit card - please call 210.775.5690.	
Please save this form to your computer and attach it in an email to membership@saafdn.org .	