

Membership Application/Renewal 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:	
Head of Org:	Title:	<u>-</u>
Email:	Phone:	
Member Contact:	Title:	
Email:	Phone:	
Membership Information		
Membership dues are based on affiliation with Annual Dues - Agencies with a fund at SAAFDN - \$249 - Agencies with budget less than \$1M - \$249 - Budget less than \$1M (includes BoardEffect) - \$374	Payment We have a fund at the Area Foundation	□ Yes □ No

Thank you. By filling out this 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 and will not be shared, transferred or sold to third parties. You can withdraw consent to use this data at any time by emailing info@saafdn.org. Please write "Withdraw My Data" in the subject line of your email.