



ASSOCIATION OF FRATERNITY ADVISORS, INC.
 9640 N. Augusta Drive, Suite 433
 Carmel, IN 46032
 317/876-1632 Fax: 317/876-3981 info@fraternityadvisors.org

ASSOCIATE MEMBER RENEWAL FORM

All memberships in the Association of Fraternity Advisors, Inc. (AFA) are individual in nature and are to remain with the individual/organization that paid for the membership. If a member transfers jobs or leaves the institution/organization, and his/her membership was paid by said institution/organization, written approval from a supervisor must be submitted to AFA if the membership is to remain with the member. **The membership year of the Association for annual dues purposes shall be July 1 through June 30.** Membership dues are not tax deductible as charitable contributions, however, they may be tax deductible as necessary business expenses.

**Complete the information below and return this form with your payment to the AFA Central Office at the above address.
 Payment may be made by check, Visa or Mastercard (U.S. or Canadian dollars).**

Name (Dr./Mr./Mrs./Ms.) _____ **Preferred First Name** _____
Position/Title _____
Institution/Organization _____
Mailing Address _____

City/State-Province/Zip+4-Postal Code _____
Phone (____) _____ **FAX #** (____) _____
E-mail Address _____ **Fraternity/Sorority Affiliation** _____
AFA Member Number: _____

Membership Status (please check one)

\$195 **Primary:** This should be AFA's main contact should we ever communicate with just one person per organization.
\$ 0 **Secondary:** This complimentary membership is included in the dues of the Primary member.
\$ 95 **Additional:** Associate member organizations can have an unlimited number of additional members.

Demographic Information

Highest Level of Education Received	Fraternal Affiliation Status
<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Member of an inter/national fraternity/sorority
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Member of a local (non-national) fraternity/sorority
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Not a member of a fraternity or sorority

Gender	Ethnicity
<input type="checkbox"/> Female	<input type="checkbox"/> African American
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian
<input type="checkbox"/> Transgender	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Multi-ethnic
	<input type="checkbox"/> Other: _____

Membership in Other Higher Education Associations (please list all related organizations to which you belong): _____

I understand that Associate Membership in AFA is contingent upon my utilizing appropriate business practices which seek to enhance the mission of AFA and promote higher education, especially with regard to fraternities, sororities, and their members.

Signature: _____

PAYMENT OPTIONS

FEDERAL TAX ID #16-1104950

Total due: \$ _____	Card Number: _____
Method of payment: (please circle one)	Expiration Date: _____
Check (enclosed) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-digit Security Code: _____
Name on Card (print): _____	Signature: _____

Return This Form With Payment

"AFA enhances its members' ability to create fraternity and sorority experiences that positively affect students, host institutions, and communities." - AFA Mission Statement

An International Professional Association

Serving Advisors to Men's and Women's Fraternities Since 1976