



Membership Application

As a member of American Grant Writers' Association, I will abide by the Professional Standards and Code of Ethics.

- I Agree
- I Disagree

INDIVIDUAL MEMBERSHIP

One-Year Membership when purchased by paper check is \$119.00 per person
Two-Year Membership when purchased by paper check is \$200.00 per person
Checks must be drawn on a U.S. Bank

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
, E-mail _____

BUSINESS MEMBERSHIP

One-Year Business Membership when purchased by paper check is \$179.00
Two-Year Business Membership when purchased by paper check is \$359.00
Checks must be drawn on a U.S. or Canadian Bank

Organization _____
Address _____
City _____ State _____ Zip code _____
Phone _____ Website _____

One individual membership is included in Business Membership

Name: _____
Address (if different from above) _____
Phone: _____
Email: _____

MAIL YOUR CHECK and THIS FORM TO:

**American Grant Writers Association,
PO Box 3546
Winter Haven FL 33885**