



## 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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

1 year individual membership	\$ 50.00
2 year individual membership	\$ 95.00
3 year individual membership	\$135.00

### ANNUAL BUSINESS MEMBERSHIP \$ 95.00

Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Website \_\_\_\_\_

#### One individual membership is included in Annual Business Membership

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### ADDITIONAL INDIVIDUALS WITH BUSINESS MEMBERSHIP \$ 45.00 each

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**MAIL YOUR CHECK AND THIS FORM TO AGWA, PO Box 8481, Seminole FL 33775**

**or, Register Online at [www.agwa.us](http://www.agwa.us)**