



AmeriCorps Seniors

Professional Network

Membership Application and Contribution Form

Please check the appropriate membership* category:

Professional

\$150 per year - For Project Directors, Assistant Directors, Coordinators, and Supervisors. May vote and hold office. To vote in national elections dues must be received prior to March 31. Benefits include: one list-serve subscription, member event during national convenings OR member gift in year with no national event.

Sustaining

\$100 per year - For those who support and promote the program (e.g. additional program staff, community supporter, advisory council member, or sponsor executive). May not vote or hold office. Benefits include: one list-serve subscription, member event during national convenings OR member gift in year with no national event.

Sponsor/Organizational

\$300 per year - Includes one professional membership with all benefits listed, one sustaining membership with all benefits listed, up to two additional list-serve subscriptions. Value: \$350. Possible savings of \$50.

List-Serve Subscription

\$50 per year - Open to staff members of Professional Members wishing their staff to receive and post to the list-serve. List-serve subscription does not include member event or gift.

Donation In addition to my membership check, I am enclosing a tax-deductible contribution of \$_____ to support ASPN.

Applicant Information

Please print legibly. If you have a business card, please attach to this application. Thank you!

Full Name: _____ Date: _____
First Last

Title: _____ Please check one: **New Membership** **Renewal**

Project Name: _____ **Program Affiliation:** FGP SCP

Address: _____
Street Address City State Zip Code

Phone: _____
Office Ext. Cell

Email: _____ Project Website: _____

Sponsoring Agency: _____
Name Address (if different from Project Address)

Sponsor Contact _____
Name Email

List-serve Preference (check all that apply): ASPN General Discussion SCP Discussion Group

Region (check one): West Mountain North Central Midwest Northeast Mid Atlantic Southeast South Central

For Sponsor/Organizational Membership Only: List Professional membership above.

Sustaining: _____
First Last Title Email

List-Serve: _____
First Last Title Email

List-Serve: _____
First Last Title Email

Please mail this form and your check (made payable to ASPN) to:

ASPN, % Denise Nelsen
 1251 Vernon Drive, Carver, MN 55315

You may also join or renew online at
www.aspnetwork.org/join

Please note:

Membership in the association is based on a calendar year, January 1 through December 31. The dues you pay for membership to ASPN do not cover any other state or regional associations.

Under the OMB Circulars (Federal Office of Management and Budget) membership dues in professional organizations are an allowable cost. These may be budgeted as federal or required non-federal as well as excess.

ASPN is incorporated as a non-profit tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code. Our Federal Tax ID Number is: 41-1619730. You are welcome to duplicate this form.