

# Indiana Association of Public Education Foundations

8907 Fathom Crest, Indianapolis, IN 46256  
(317) 502-9996

## Membership Application

Name of Foundation \_\_\_\_\_

Name of Board President \_\_\_\_\_ Phone \_\_\_\_\_

Name of Executive Director \_\_\_\_\_ Phone \_\_\_\_\_

Foundation Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

Main Contact \_\_\_\_\_ Position \_\_\_\_\_

Mission Statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your organization been incorporated? \_\_\_\_\_

Incorporation/Founding Date \_\_\_\_\_

Do you have or have you applied for 501(c)3 status? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **Volunteer Opportunities**

IN-APEF has a variety of opportunities for members to volunteer. Let us know if we can call you for help in any of the following areas:

Board of Directors

Fundraising Committee

Programs Committee

Conference Committee

Membership Committee

Nominations Committee

## **Membership Dues**

Foundations with a paid executive director and a member of INAPEF more than 3 years      \$300.00/year

Foundations with a paid executive director and member of INAPEF 3 years or less      \$150.00/year

Foundations *without* a paid executive director      \$75.00/year

Please return this form with your check to 8907 Fathom Crest, Indianapolis, IN 46256

Checks can be made payable to IN-APEF or Indiana Association of Public Education Foundations.

Please copy this form for your records. Your check is your receipt.

# **Thank You!**