

# MEMBERSHIP APPLICATION

## **Organizational Information**

Organization Name							
Mailing Address		City	State	Zip			
Physical Address (if different than above)		City	State	Zip			
Main Phone		Main Email					
Website							
Twitter Instagr			Facebook				
Key Contacts							
Primary Contact: VFN's primary point of contact for your organization.							
Name	Title		Email				
Billing Contact: The person who should receive (or be cc'd) on VFN invoices.							
Name Title			Email				
Additional Contacts: Please include any staff, board, and/or consultants you'd like to include as							
part of your organization's membership (feel f		ree to attach a list if ti	ere ish t enou Email	gn room nere).			
Name	Title		CIIIaII				
Name	Title		Email				
rvanie	THE		Lilian				
Name	Title		Email				
Name	Title		Email				
Name	Title		Email				
Name	Title		Email				



## **Organizational Profile**

Please complete the following information which we will use to construct your organization's profile in our members-only online directory. Please choose all boxes that apply.

Organization Type	Staff Size (FTEs)	Board Size				
Previous Year's Total Grantmaking (\$)	Previous Year's Grantmak	ing in Virginia (\$)				
Where in Virginia do you fund? (regional map)	What types of support do	you provide?				
□ Central □ Valley   □ Eastern □ West Central   □ Hampton Roads □ Statewide   □ Northern □ Other   □ Southside □ Southwest	Advocacy/Voice Capacity Building Capital (campaigns) General Operating Grants to Individuals Impact Investing Meeting/Office Space	<ul><li>Program Specific</li><li>Research/Data</li><li>Scholarships</li><li>Sponsorships</li><li>Other</li></ul>				
What are your giving priorities/primary interest areas?						
Arts/Culture Broadband Children/Youth Civic Engagement Civil Rights/Liberties Community Organizing/ Grassroots Criminal Justice/Legal Democracy/Civil Discourse Disability/Special Needs Disaster Response/Relief Diversity, Equity & Inclusion Domestic Violence Economic Development  Crarret Derocracy Carret Derocracy Carret Derocracy Carret Development Carret Development Carret Development Carret Carre	diction Prevention/ atment e/Services ntal ntal plic Safety productive/Family Planning earch ital Determinants ng ffordable Home Ownership viction Prevention omelessness Prevention/ ervices upportive Housing/	Rural Affairs Science/Technology Social Services/ Welfare Urban Affairs Veterans/Military Volunteerism Voting Rights Women/Girls Workforce Development Youth Development Other				
Early Childhood  K-12  Post-Secondary  Adult Education  Vocational  STEM/STEAM  Literacy  Environment  Agriculture  Climate & Energy  Conservation/Wildlife  Parks/Greenspace  Faith-Based  Huma  Histo  Huma  Journ  Leade  Leade  LGBT  Peace  Philan  Parks/Greenspace  Racia	e/Security nthropy					



#### **Member Agreement**

Signature

The power of the VFN community is the strength of our network. As such, we encourage members – new and long-standing – to participate to the fullest extent that they are able.

By signing below, I affirm that my organization is committed to fully participating in the VFN community and agrees to, at a minimum:

- ⇒ Attend at least one learning and/or networking event per quarter.
- ⇒ Sign up to receive the newsletter and follow VFN on social media to stay up-to-date on what's happening across the network and around the Commonwealth.
- ⇒ Meet one-on-one with a VFN staff member, advisory board member, and/or volunteer leader. The more we know about you and your organization, the better able we are to connect you with your colleagues, share resources, and support your work!

Date

Printed Name	Title				
Payment Information The minimum annual membership investment is sinvest in the organization at higher levels, ofte our work, mission, and capacity. Membership December). Members who join later in the year	n with multi-year commitme in VFN runs on a calendar	ents, to support			
Investment Level (\$)	Multi-Year Commitment?	If yes, years?			
Payment method:					
<ul><li>□ Check enclosed.</li><li>□ Pledge to pay by (date):</li><li>□ Please invoice me.</li></ul>					
Please make checks payable to: "PATH Partnerships for support of VFN". VFN is a fiscally sponsored project of PATH Partnerships, a 501(c)(3) organization (EIN 85-1911943).					

#### Questions?

Please mail checks to:

If you have any questions about VFN or membership, please contact Katy Moore, CEO, at Katy@VAFunders.org or (571) 207-9893.

PATH Partnerships | ATTN: VFN 321 Walker Dr #301 | Warrenton, VA 20186