

# 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	Inctagram		Facebook			
Twitter	Instagram		1 acebook			
Key Contacts						
Primary Contact: VFN's primary	point of cont	act for your organizatio	n.			
Name	Title		Email			
<b>Billing Contact:</b> 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 free to attach a list if there isn't enough room here).  Name Title Email						
Name	Title		Email			
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				
Please choose from dropdown						
Previous Year's Total Grantmaking (\$)	Previous Year's Grantmak	ing in Virginia (\$)				
Where in Virginia do you fund? (regional n	nap) What types of support do	you provide?				
☐ Central ☐ Valley ☐ West Central ☐ West Central ☐ Statewide ☐ Other ☐ Southside ☐ Southwest ☐ Valley ☐ Valley ☐ West Central ☐ Other	Advocacy/Voice Capacity Building Capital (campaigns) General Operating Grants to Individuals Impact Investing Meeting/Office Space	Program Specific Research/Data Scholarships Sponsorships Other				
What are your giving priorities/primary interest areas?						
Agriculture 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 Education Early Childhood	Access Addiction Prevention/ Treatment Care/Services Dental Mental Public Safety Reproductive/Family Planning Research Social Determinants ousing Affordable Home Ownership Eviction Prevention Homelessness Prevention/ Services Supportive Housing/ Wraparound services Tenant Rights/Legal	Rural Affairs Science/Technology Social Services/ Welfare Urban Affairs Veterans/Military Volunteerism Voting Rights Women/Girls Workforce Development Youth Development Other				
Post-Secondary Adult Education Vocational STEM/STEAM Literacy Environment Agriculture Climate & Energy Conservation/Wildlife Parks/Greenspace Faith-Based	Hunger/Food Security Historic Preservation Human Rights Immigrants/Refugees International Hournalism/Media Leadership Development LGBTQ+ Peace/Security Philanthropy Poverty Racial Equity Recreation/Sports					



### **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:

- $\Rightarrow$  Attend at least one learning and/or networking event per quarter.
- $\Rightarrow$  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!

Data

Signature	Dutc
Printed Name	Title
Payment Information	
invest in the organization at higher lev	stment is \$1,000, though nearly half of VFN's members vels, often with multi-year commitments, to support mbership in VFN runs on a calendar year (January - the year may prorate dues if desired.
Investment Level (\$)	Multi-Year Commitment? If yes, years?
Please choose from dropdown.	Please choose from drop dow
Payment method:	
☐ Check enclosed. ☐ Pledge to pay by (date): ☐ Please invoice me.	
	H Partnerships for support of VFN". VFN is a fiscally s, a 501(c)(3) organization (EIN 85-1911943).
Please mail checks to: PATH Pa	artnerships   ATTN: VFN
321 Walker Dr	#301   Warrenton, VA 20186

#### **Questions?**

If you have any questions about VFN or membership, please contact Angela Molina at <a href="mailto:angie@vafunders.org">angie@vafunders.org</a>.