

Upstate New York Grant Writer\$ Association Membership Application

Upstate New York Grant Writer\$ Association works to promote responsible, ethical, and effective grant seeking relationships between nonprofits, funders and grant-seekers through professional development, networking and supportive services. The **Upstate New York Grant Writer\$ Association** is a group of individuals representing many different levels of grant writing. We value and seek a diverse membership.

Name: _____ **Date:** _____

Organization and/or Company Name: _____

Title: _____

Address: _____

Telephone: (____) _____ Daytime/**Business**

Telephone: (____) _____ Evening/**Home**

Telephone: (____) _____ Cellular

Email address: _____

Add my email to the Upstate New York Grant Writer\$ Association's Email List: Yes No

Web Site: (URL): _____

Please describe your background as it relates to grant writing: (experience not necessary for membership)

Please tell us how we can assist you and/your organization: _____

Please list the major areas that present an obstacle to you in grant writing:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please list items that you would like to see discussed in monthly networking meetings or workshops:

- _____ (N) _____ (W) _____
- _____ (N) _____ (W) _____
- _____ (N) _____ (W) _____
- _____ (N) _____ (W) _____
- _____ (N) _____ (W) _____
- _____ (N) _____ (W) _____



Please indicate the areas you would like to work with, and/or areas you might like to chair:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> I am interested in serving on the Board of Directors | <input type="checkbox"/> Chair |
| <input type="checkbox"/> I am interested in serving on the Newsletter Committee | <input type="checkbox"/> Chair |
| <input type="checkbox"/> I am interested in serving on the Development/Planning Committee | <input type="checkbox"/> Chair |
| <input type="checkbox"/> I am interested in serving on the Grants Development Committee | <input type="checkbox"/> Chair |
| <input type="checkbox"/> I am interested in serving as a Mentor | |



Membership Dues: Note: All membership fees are tax-deductible

- | | | |
|--|-------------|--|
| <input type="checkbox"/> Individual Membership | Full year – | Investment: \$149.00 |
| <input type="checkbox"/> Organization Membership | Full year – | Investment: \$199.00 |
| <input type="checkbox"/> Student Membership | Full year – | Investment: \$ 59.00 * (Student ID must be with application) |
| <input type="checkbox"/> Sponsorship Membership | Full year – | Investment: \$299.00 |

Please invoice me: Yes No Check enclosed

You may also visit our web site to pay via Credit Card (please mail in application or submit at the next event)
<http://bizstartupny.org/programs/upstate-ny-grant-writer-assoc>

Member's Signature _____

Date _____

Please mail completed application and checks to: **Upstate New York Grant Writer\$ Association**
c/o Business Startup Solutions of NY, Inc 6843 Pittsford-Palmyra Rd, Fairport, NY 14445