



## AFC MEMBERSHIP APPLICATION FORM

APPLICANTS CAN BE ASSURED THAT ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL AND USED SOLELY FOR THE PURPOSE OF ASSESSING A FIRM'S APPLICATION FOR MEMBERSHIP OF THE AFC.

SECTION 1: APPLICANT FIRM	
TYPE OF MEMBERSHIP: (PLEASE TICK RELEVANT BOX)	<input type="checkbox"/> FULL MEMBERSHIP  <input type="checkbox"/> AFFILIATE MEMBERSHIP
NAME OF FIRM: (OR TRADING STYLE IF SOLE TRADER/PRACTITIONER)	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
WEBSITE:	
YEAR ESTABLISHED: (FIRM MUST BE ESTABLISHED FOR AT LEAST 2 YEARS)	
VAT REGISTRATION NUMBER:	

### Association of Fundraising Consultants

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**[www.afc.org.uk](http://www.afc.org.uk)**

AFC IS A COMPANY LIMITED BY GUARANTEE. REGISTERED IN CARDIFF. Co.REG.No.2679636. VAT REG. No. 873 9074 86.  
REGISTERED OFFICE ADDRESS: THE GROVE, HARPENDEN, HERTS, AL5 1AH



NAMES OF ALL DIRECTORS OR PARTNERS EMPLOYED:

NUMBER OF CONSULTANTS EMPLOYED:  
(INCLUDING FREELANCE ASSOCIATES)

LIST ANY CORPORATE AWARDS, MEMBERSHIPS OF  
OTHER ORGANISATIONS:

**SECTION 2: TYPE OF WORK UNDERTAKEN**

HOW MANY CLIENTS SERVED OVER THE LAST 5  
YEARS: (PLEASE TICK RELEVANT BOX)

2-9

10-49

50 OR MORE



PLEASE DESCRIBE AT LEAST 2 CURRENT CLIENT ASSIGNMENTS:

BRIEFLY DESCRIBE AT LEAST 2 PREVIOUS CLIENT ASSIGNMENTS:  
(IN THE LAST TWO YEARS)



PLEASE PROVIDE THE DETAILS OF CLIENTS WHO WILL  
ACT AS PROFESSIONAL REFEREES:  
(4 CLIENTS IN THE APPLICATION OF FULL  
MEMBERSHIP; 2 CLIENTS IN THE APPLICATION OF  
AFFILIATE MEMBERSHIP)

1. NAME:  
  
POSITION:  
  
CLIENT ORGANISATION:  
  
ADDRESS:  
  
  
  
  
  
  
TELEPHONE:  
  
FAX:  
  
EMAIL:

2. NAME:  
  
POSITION:  
  
CLIENT ORGANISATION:  
  
ADDRESS:  
  
  
  
  
  
  
TELEPHONE:  
  
FAX:  
  
EMAIL:



3. NAME:  
POSITION:  
CLIENT ORGANISATION:  
ADDRESS:

TELEPHONE:  
FAX:  
EMAIL:

4. NAME:  
POSITION:  
CLIENT ORGANISATION:  
ADDRESS:

TELEPHONE:  
FAX:  
EMAIL:



THIS SECTION IS TO BE COMPLETED BY THE PRINCIPAL E.G. CHAIRMAN, MANAGING DIRECTOR, CHIEF EXECUTIVE, SENIOR PARTNER OR SOLE TRADER.

SECTION 3: THE PRINCIPAL	
NAME:	
POSITION:	
NUMBER OF CONTINUOUS YEARS ENGAGED IN FUNDRAISING CONSULTANCY:	
LIST ANY PERSONAL AWARDS, QUALIFICATIONS, MEMBERSHIPS OF OTHER ORGANISATIONS ETC:	

SECTION 4: APPLICATION FOR MEMBERSHIP	
<p>* I/WE HAVE STUDIED THE MEMBERSHIP CRITERIA AND HEREBY APPLY FOR MEMBERSHIP OF THE ASSOCIATION OF FUNDRAISING CONSULTANTS.</p> <p>IF ACCEPTED FOR MEMBERSHIP *I/WE AGREE TO ABIDE BY THE CODE OF PRACTICE OF THE ASSOCIATION SO LONG AS *MY/OUR MEMBERSHIP IS IN FORCE, AND TO ABIDE BY SUCH MEMBERSHIP RULES AS THE BOARD MAY FROM TIME TO TIME LAY DOWN.</p> <p>* (DELETE AS APPROPRIATE).</p>	
<p>THE BOARD RESERVES THE RIGHT TO REFUSE MEMBERSHIP</p>	
SIGNED: (PRINCIPAL)	
ON BEHALF OF: (APPLICANT FIRM)	
DATED:	
PROPOSER: (AFC MEMBER)	
SECONDER: (AFC MEMBER)	

PLEASE RETURN THIS COMPLETED FORM TO THE MEMBERSHIP SECRETARY, THE ASSOCIATION OF FUNDRAISING CONSULTANTS, SUITE 316, LINEN HALL, 162-168 REGENT STREET, LONDON, W1B 4JN.