



AFFILIATE MEMBER GROUP DISCOUNT FORM

ASSOCIATION OF FRATERNITY ADVISORS, INC.
9640 N. Augusta Drive, Suite 433 317/876-1632
Carmel, IN 46032 Fax: 317/876-3981
www.fraternityadvisors.org info@fraternityadvisors.org

AFA offers a discount to Affiliate members who join as a group. Affiliate members are individuals actively concerned with enhancement of the advisement of men's or women's fraternities who are not employed in full-time administrative positions by a college/university or inter/national fraternity or sorority, including volunteer advisors and officers on the campus, regional or national level, faculty members, and other interested parties. To take full advantage of the group discount, all members should sign up at the same time. Groups may be made up of individuals volunteering for a fraternity/sorority (Ex. the national officers of an organization) or individuals from a college/university (Ex. all the chapter advisors from a campus). **An individual can only be counted in one group.** Please use as many forms as necessary to include all members who will be part of your group.

GROUP INFORMATION

Institution/Organization _____ Group Contact* Name _____
E-mail _____ Phone (____) _____

*The Group Contact does not have to be listed below as a member, although he/she may be. This person will be the main contact should the AFA Central Office need to communicate with someone about the group.

PAYMENT INFORMATION

Number of Members in Group _____ 1-5 Members = all members \$95 each
Amount Due Per Member \$ _____ 6-20 Members = all members \$75 each
21+ Members = all members \$60 each

TOTAL AMOUNT DUE \$ _____

For groups over 100, please contact the Central Office.

Method of Payment _____ Check _____ MasterCard _____ Visa _____
Credit Card Number: _____ Exp. Date: _____ 3-digit Code: _____
Name on Card (print): _____ Signature: _____

All memberships in the Association of Fraternity Advisors, Inc. (AFA) are to remain with the individual/organization that paid for the membership. If a member leaves the institution/organization, and his/her membership was paid by said institution/organization, the institution/organization is able to transfer the membership to a different individual. **The membership year of the Association for annual dues purposes shall be July 1 through June 30.** First time members joining after April 1 will have their membership carry over through the following membership year. Membership dues are not tax deductible as charitable contributions; however, they may be tax deductible as necessary business expenses. FEDERAL TAX ID #16-1104950

INDIVIDUAL MEMBER

Full Name (Dr/Mr/Mrs/Ms) _____ Preferred First Name _____
Position/Title _____ E-mail _____
Mailing Address _____ Phone (____) _____
City/State-Province/Zip+4-Postal Code _____ Fraternity/Sorority Affiliation _____

AFA Member Status _____ First Time Member _____ Renewing Member (AFA Member Number: _____)

Highest Level of Education	Gender	Position Classification
_____ Doctorate Degree	_____ Female	_____ Fraternity/Sorority Inter/national Volunteer
_____ Master's Degree	_____ Male	_____ Fraternity/Sorority Regional Volunteer
_____ Bachelor's Degree	_____ Transgender	_____ Fraternity/Sorority Local Volunteer
Ethnicity		
_____ African American	_____ Asian/Pacific Islander	_____ Hispanic/Latino _____ Other: _____
_____ American Indian	_____ Caucasian	_____ Multi-ethnic

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