



## Membership Application and Renewal Form

Return with your check made payable to:

**APRA-AR**  
**c/o Kelli Sledd, Director of Prospect Research and Management**  
**University of Arkansas for Medical Sciences**  
**4301 W. Markham St. #716**  
**Little Rock, AR 72205-7199**

**Amount Due: \$50**

**Join for a full year of membership benefits!**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Year Entered Prospect Research: \_\_\_\_\_

### **2021-2022 Membership** *(check only one):*

New Member  Renewal Member

### **Category** *(check only one):*

Individual – membership remains with individual if he or she leaves organization and dues are paid by the individual.  
 Organizational – membership remains with designated person at that organization and dues are paid by the organization.

### **Leadership Interest**

I am interested in a leadership role.

### **Other Professional Organizations of which you are a member:**

APRA (international): Association of Professional Researchers for Advancement  
 AFP (international): Association of Fundraising Professionals  
 AFP (local chapter): Association of Fundraising Professional  
 AHP: Association for Healthcare Philanthropy  
 CASE: Council for Advancement and Support of Education  
 Other \_\_\_\_\_

### **How did you hear about APRA-AR?**

Chapter  Colleague  Employer  Friend  Internet  Website  Other

On occasion APRA-AR may share its membership list with institutions (to announce employment opportunities), other professional organizations and vendors. Please include my name:  Yes  No

*As a member of APRA-AR, I agree to support and uphold the mission, goals and codes of the association.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_