

Please print out this form, fill it out and send it with your check, credit card information or institutional purchase order to:

**Grant Professionals Association**

10881 Lowell Avenue, Suite 190, Overland Park, KS 66210

Phone: (913) 788-3000 FAX: (913) 788-3398

Staff@GrantProfessionals.org

Miss, Mr., Mrs., Ms., Dr., or other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Consultant/Independent Contractor or For-Profit Agency? [ ]  Yes [ ] No

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (mo/day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **REQUIRED FIELDS BELOW**:

**1. How would you like to receive your GPA Journal?** [ ] Electronically [ ] Print
**2. How did you find out about GPA?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Special Interest Group - SIG (Check Top Choice):**

[ ] Advocacy/Social Justice [ ] Government [ ] International Development [ ] Tribal Nations

[ ] Arts & Culture [ ] Grant Management [ ] K-12 Education

[ ] Consultants [ ] Healthcare [ ] Libraries

[ ] Environmental [ ] Higher Education [ ] Public Safety

[ ] Faith-Based [ ] Human Services [ ] Sciences

**4. Which of the following best describes your primary job responsibility?**[ ]  Grant coordinator (proposal development and grants/project/fiscal management)

[ ]  Grant proposal writer (writes proposal, includes research, budget preparation & evaluation)

[ ]  Grant manager (oversees fulfillment requirements)

[ ]  Grant trainer/educator (teaching others about grants)

[ ]  Fundraiser (other types of fundraising plus some grants work)

[ ]  Nonprofit administrator (Nonprofit management with some grants work)

[ ]  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
I wish to become a member of the Grant Professionals Association.

I understand that membership fees may increase. By signing this form:

* I agree to uphold and abide by the GPA Code of Ethics.
* I agree that any photos or video images taken of me in connection with GPA events or activities may be used for the purposes of GPA promotional materials and publications, without compensation.
* I agree that if my organization is paying for my membership dues and I leave the organization, my membership stays with the organization.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***See payment details on reverse side***

**PAYMENT SUMMARY

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. National Dues:**

 **PROFESSIONAL:** $209 per year $\_\_\_\_\_\_\_\_\_\_

**ORGANIZATIONAL:** $350 per year (2 staff); $500 per year (3 staff); $\_\_\_\_\_\_\_\_\_\_
 $650 per year (4 staff); $150 for each additional staff over the four persons on staff

**ENTRY LEVEL:** $153 per year (Must be new to the grants profession) $\_\_\_\_\_\_\_\_\_\_

 **RETIREE LEVEL:** $87 per year $\_\_\_\_\_\_\_\_\_\_
 (Must hold an active GPA membership for one year immediately prior and cannot be

employed as a grant professional in any capacity seeking gainful employment, i.e., either
 part-time or as a consultant. Member may continue to work on a voluntary/pro-bono basis.)

**STUDENT:** (Must be full-time student) $87 per year $\_\_\_\_\_\_\_\_\_\_

**LEGACY:** $50 per year (if you joined GPA by December 1999) $\_\_\_\_\_\_\_\_\_\_

**6. Chapter Dues:** NAME AND DUES (if applicable): $\_\_\_\_\_\_\_\_\_\_

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Note: In order to join a Chapter, you MUST have a Primary Membership (ie. Professional, Entry-Level, Student, Retiree, Legacy, and Organizational).*

**7. DISCOUNT CODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. TOTAL AMOUNT PAID:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION:**

**Who pays for your GPA membership?** [ ] Employer [ ]  Self

[ ]  Check for $\_\_\_\_\_\_\_\_\_\_\_ Enclosed \_\_\_\_\_\_\_\_ Institutional PO enclosed (#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Please charge $\_\_\_\_\_\_\_\_\_\_ to my credit card: [[ ]  VISA] [[ ]  MC] [[ ]  Discover] [[ ]  AmEx]

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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