

**ASSOCIATION OF FUNDRAISING PROFESSIONALS AUSTIN CHAPTER
MEMBER MATCHING PROGRAM**

Application

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

WORK PHONE: _____

CELL PHONE: _____

PREFERRED EMAIL: _____

CFRE: Yes No

CURRENT AFP AUSTIN MEMBER: Yes No

YEARS IN DEVELOPMENT: _____

WHAT AREAS OF DEVELOPMENT YOU ARE WELL-VERSED OR HIGHLY EXPERIENCED IN AND WILLING TO SHARE?

IN WHAT AREAS ARE YOU LOOKING TO LEARN OR DEVELOP?

What would you look for in an ideal MEMBER MATCH both personally and professionally?
Please indicate if you prefer to be matched with a professional with more experience than you.
(use as much space as you like)

I have attached my current resume.

I have read the program details and am committed to participating for six months.

Signature:

Date:

Please EMAIL this application and a copy of your resume to mentorship@afpaustin.org