



## THANK YOU FOR YOUR MEMBERSHIP!

AGB Membership provides member benefits and services to all voting members of your foundation’s governing board and six staff members. Two of the staff members must be the chief executive and the board professional or staff liaison to the board. Use the back of this form to provide this required information.

AGB provides additional services for individuals who serve as chairs or members for the following committees: audit; development/advancement; executive; endowment/investment; and finance. Descriptions can be found at [www.agb.org/committees](http://www.agb.org/committees).

Eligibility: Foundations must be affiliated with an accredited institution (or an institution that is a candidate for accreditation) by a regional agency recognized by the Council for Higher Education Accreditation (CHEA).

In addition to this completed form, please send:

- A complete list of your foundation’s board members, including their mailing addresses, email addresses, and committee assignments with chairs noted.\*
- A list of the four (4) additional staff members not included on this application form. The list must include full names, titles/positions, mailing addresses, and email addresses.\*
- Annual dues payment for the dues rate appropriate to the assets managed by your foundation. Please visit [www.agb.org/dues](http://www.agb.org/dues) to identify your foundation’s rate. Annual dues invoices for membership renewal will be sent to the chief executive’s office unless otherwise instructed.

\* AGB respects the privacy of all members. Information provided will be used to fulfill print and electronic member benefits and other membership-related communications only. Member data are not sold or rented to any outside organization.

### FOUNDATION BOARD

Foundation Name \_\_\_\_\_

Foundation Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Affiliated Institution Name \_\_\_\_\_

### FOUNDATION AFFILIATION

- 4-Year Institution
- 4-Year and 2-Year Institution
- 2-Year Institution
- Other (please specify): \_\_\_\_\_

### AFFILIATED INSTITUTION TYPE

- Single Campus
- Multi-Campus Institution
- State System

SIZE OF ENDOWMENT (in millions): \_\_\_\_\_

*Based on assets under management at the end of the previous fiscal year.*

### BOARD LIST

Please indicate the month of the year your board member transitions occur: \_\_\_\_\_

*Application continued on reverse*



**FOUNDATION CHIEF EXECUTIVE**

Name	Title	
Mailing Address		
City	State	Zip
Telephone	Email	
Took office as of		

**PRESIDING OFFICE OF THE FOUNDATION BOARD**

Name	Title	
Mailing Address		
City	State	Zip
Telephone	Email	
Beginning of Term	End of Term	

**BOARD PROFESSIONAL / LIAISON TO THE BOARD**

Name	Title	
Mailing Address		
City	State	Zip
Telephone	Email	

**PLEASE SUBMIT RENEWAL INVOICE TO**

Name	Title	
Mailing Address		
City	State	Zip
Telephone	Email	