



SOUTHWEST MISSOURI GRANT WRITERS
Membership Application

NAME _____ DATE _____

ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

ANNUAL MEMBERSHIP LEVEL (check the appropriate box)

<input type="checkbox"/> APPRENTICE (\$15) 1. Under 1 year of grant writing experience 2. Receive training and writing opportunities to build experience 3. Voting privileges limited to leadership selection and subcommittees	<input type="checkbox"/> MEMBER (\$40) 1. Over 1 year of grant writing experience 2. Have voting privileges on all official business 3. 50% attendance at official meetings 4. May be selected to serve on the Leadership Team 5. Receive freelance promotion upon submission of experience profile	<input type="checkbox"/> ORGANIZATION (\$65) 1. Transferrable Member status covering all staff at an organization 2. Individual voting privileges based on experience
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I certify that I have read and agree with the SMGW Membership Requirements. Furthermore, I agree to respect the rules and guidelines therein to ensure that my participation as a member carries out the mission of Southwest Missouri Grant Writers in a way that protects the interests of the association.

SIGNATURE _____

YEARS OF EXPERIENCE _____

LEADERSHIP USE ONLY	
Date Received _____	
<input type="checkbox"/> Dues	<input type="checkbox"/> Profile
<input type="checkbox"/> Experience Verified	

I would like my name and profile featured on the Southwest Missouri Grant Writers Association website.