

AFP-WASHINGTON Chapter - PROTÉGÉ DESCRIPTION AND APPLICATION

AFP – WASHINGTON CHAPTER - PROTÉGÉ APPLICATION FORM

() I would like to apply for the AFP mentoring program as a protégé.

Contact Information

Name:

Title:

Organization:

Address:

City/State/Zip:

Office Phone:

Alternate Phone:

Fax:

E-mail Address:

Years in development:

Professional Credentials:/degrees:

Summary of Experience (Provide a brief summary of your experience in fundraising):

Areas of Interest (Briefly, describe your career focus and areas of development beneficial to you):

Ideal mentor attributes: (describe the ideal mentor in meeting your needs):

AFP will make every attempt to provide a mentor match best suited for your development needs

Signature _____ Date _____

Please fax or mail your application to: AFP – Washington Chapter, 2150 N. 107th Street, Suite 205, Seattle, WA 98133 or fax# (206) 367-8777