

We look forward to welcoming you as a member!

AGB Membership provides benefits and services to all voting members of your foundation's governing board and seven staff members. Two of the staff members must be the chief executive and the board professional or staff liaison to the board. Please use this form to provide this required information.

AGB provides additional services for individuals who serve as chairs or members of the following committees: audit, development/advancement, executive, endowment/investment, and finance.

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 annual dues payment for the dues rate appropriate to the assets managed by your foundation. Please visit AGB.org/How-to-Join under the eligibility tab 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/Province _____

Zip/Postal Code _____

Country/Region _____

Telephone _____

EIN _____

Website _____

Related Institution Name _____

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

Please identify if the foundation has any of the following responsibilities:

Fundraising

Affiliated Alumni Association

Real Estate

None of the above

Other: _____

Please indicate the foundation's relationship with the institution:

Dependent: The foundation effectively functions as a unit of the primary institution, which provides space, staff, and other support.

Interdependent: The foundation receives some free in-kind benefits, such as office space or the services of university employees.

Independent: The foundation operates with a high level of autonomy and reimburses the institutions for the use of any institutional resources.

Size of Endowment (in millions of dollars): _____

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

Application (continued)

Foundation Chief Executive

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email	Took office as of	

Presiding Officer of the Foundation Board

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email	Beginning of Term	End of Term

Board Professional/Liaison to the Board

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Please Submit Renewal Invoice to:

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Application (continued)



Board Member 1

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Board Member 2

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Board Member 3

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Application (continued)



Board Member 4

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	Member
Audit Committee	Finance Committee	Chair
Compensation Committee	Governance Committee	Vice Chair
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 5

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	Member
Audit Committee	Finance Committee	Chair
Compensation Committee	Governance Committee	Vice Chair
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 6

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	Member
Audit Committee	Finance Committee	Chair
Compensation Committee	Governance Committee	Vice Chair
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Application (continued)



Board Member 7

Name	Title					
Mailing Address						
City	State/Province	Zip/Postal Code				
Country/Region	Telephone	Email				
Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee			Facilities Committee			
Audit Committee			Finance Committee			
Compensation Committee			Governance Committee			
Development Committee			Investment Committee			
Enrollment Management Committee			IT Committee			
Executive Committee			Student Affairs Committee			

Board Member 8

Name	Title					
Mailing Address						
City	State/Province	Zip/Postal Code				
Country/Region	Telephone	Email				
Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee			Facilities Committee			
Audit Committee			Finance Committee			
Compensation Committee			Governance Committee			
Development Committee			Investment Committee			
Enrollment Management Committee			IT Committee			
Executive Committee			Student Affairs Committee			

Board Member 9

Name	Title					
Mailing Address						
City	State/Province	Zip/Postal Code				
Country/Region	Telephone	Email				
Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee			Facilities Committee			
Audit Committee			Finance Committee			
Compensation Committee			Governance Committee			
Development Committee			Investment Committee			
Enrollment Management Committee			IT Committee			
Executive Committee			Student Affairs Committee			

Application (continued)



Board Member 10

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
	Member Chair Vice Chair	
Academic Affairs Committee		Facilities Committee
Audit Committee		Finance Committee
Compensation Committee		Governance Committee
Development Committee		Investment Committee
Enrollment Management Committee		IT Committee
Executive Committee		Student Affairs Committee

Board Member 11

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
	Member Chair Vice Chair	
Academic Affairs Committee		Facilities Committee
Audit Committee		Finance Committee
Compensation Committee		Governance Committee
Development Committee		Investment Committee
Enrollment Management Committee		IT Committee
Executive Committee		Student Affairs Committee

Board Member 12

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
	Member Chair Vice Chair	
Academic Affairs Committee		Facilities Committee
Audit Committee		Finance Committee
Compensation Committee		Governance Committee
Development Committee		Investment Committee
Enrollment Management Committee		IT Committee
Executive Committee		Student Affairs Committee

Application (continued)



Board Member 13

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 14

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 15

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Application (continued)



Board Member 16

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 17

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Board Member 18

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	Email
Member	Chair	Vice Chair
Academic Affairs Committee	Facilities Committee	
Audit Committee	Finance Committee	
Compensation Committee	Governance Committee	
Development Committee	Investment Committee	
Enrollment Management Committee	IT Committee	
Executive Committee	Student Affairs Committee	

Application (continued)



Board Member 19

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee				Facilities Committee			
Audit Committee				Finance Committee			
Compensation Committee				Governance Committee			
Development Committee				Investment Committee			
Enrollment Management Committee				IT Committee			
Executive Committee				Student Affairs Committee			

Board Member 20

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee				Facilities Committee			
Audit Committee				Finance Committee			
Compensation Committee				Governance Committee			
Development Committee				Investment Committee			
Enrollment Management Committee				IT Committee			
Executive Committee				Student Affairs Committee			

Board Member 21

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair		Member	Chair	Vice Chair
Academic Affairs Committee				Facilities Committee			
Audit Committee				Finance Committee			
Compensation Committee				Governance Committee			
Development Committee				Investment Committee			
Enrollment Management Committee				IT Committee			
Executive Committee				Student Affairs Committee			

Application (continued)



Board Member 22

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Board Member 23

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Board Member 24

Name _____ Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country/Region _____ Telephone _____ Email _____

	Member	Chair	Vice Chair	
Academic Affairs Committee				Facilities Committee
Audit Committee				Finance Committee
Compensation Committee				Governance Committee
Development Committee				Investment Committee
Enrollment Management Committee				IT Committee
Executive Committee				Student Affairs Committee

Application (continued)

Foundation Senior Administrator 1

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Foundation Senior Administrator 2

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Foundation Senior Administrator 3

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Foundation Senior Administrator 4

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		

Foundation Senior Administrator 5

Name	Title	
Mailing Address		
City	State/Province	Zip/Postal Code
Country/Region	Telephone	
Email		