**Membership Application & Renewal Form 2024-2025** 

**\_\_\_\_$250 Local Education Foundation Membership**

*Membership dues are based on a school year from July 1 to June 30*

**New: \_\_\_\_\_\_ Renewal: \_\_\_**

**Foundation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Town Zip*

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Foundation Email** *(if applicable):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL CONTACTS: (the contacts listed will received NJEFP communications. Use a second page to list, if needed):**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List towns/districts served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total # students: \_\_\_\_\_\_\_\_\_**

**K-8 District\_\_\_\_\_\_ K-12 District\_\_\_\_\_ Other\_\_\_\_\_**

**Is this a new foundation? \_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_no**

**Year Founded: \_\_\_\_**

**PLEASE TURN OVER AND FILL OUT QUESTIONS ON THE BACK**

**One of the biggest perks of NJEFP membership is the networking and sharing among educational foundations in the state of New Jersey. Please check all that apply so we can better match you and others with networking options and we can create meaningful sharing sessions for our membership.**

**(this will be checkboxes)**

**My foundation currently:**

\_\_**hosts a gala event**

\_\_**hosts special events for the community**

\_\_**implements a direct donation campaign**

\_\_**provides scholarships**

\_\_**implements programs (e.g. tutoring, forums, college and career training etc.)**

\_\_**has paid staff**

\_\_**is volunteer led**

\_\_**is less than five years old**

\_\_**is more than ten years old**

\_\_**is independent of my school district**

\_\_**has school district oversight**

\_\_**provides grants to teachers and staff**

\_\_**provides grants to students**

\_\_**funds organizations outside of the school district that benefit your students**

\_\_**provides capital funds to the district**

\_\_**receives corporate grants**

\_\_**receives foundation grant support**

\_\_**has an active social media presence**

\_\_**OTHER: please share something that makes your foundation unique or more detail about one of the items listed above.**

**WE’D LOVE YOUR FEEDBACK!**

**TOP THREE TOPICS/IDEAS/SUGGESTIONS FOR MEMBERSHIP MEETINGS**

**#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fill out the form and pay on-line via the PayPal link on our website** [**www.njefp.org**](http://www.njefp.org)**. ($250.00) OR mail the completed form and a check payable to “NJEFP” to: NJEFP, PO Box 1608, Morristown, NJ 07962**

For more information, contact [barbara@njefp.org](mailto:barbara@njefp.org)

Website: [www.njefp.org](http://www.njefp.org)