

**Membership Reinstatement Application**

Please use the following to reinstate your membership in INAPEF. Please see the second page of this application for information on dues amounts and where to send the application and dues payment. If you click in the box to type in your response, the box will expand to fit the length of your response.

**Foundation Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Website:** Click or tap here to enter text.

**Executive Director Information (if applicable)**

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Board President Information**

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Superintendent Information**

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Should the superintendent receive INAPEF information?**  Yes  No

**Other Contacts INAPEF Should Send Information**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**About the Foundation**

**Has your foundation been incorporated?** Yes  No

**Date Incorporated:** Click or tap here to enter text.

**Has your foundation applied for tax-exempt status?**

Yes and received  Yes, awaiting reply  No

What is your foundation’s mission and/or vision statement?

Click or tap here to enter text.

If you have an executive director, is it a  part-time position  full-time position?

**Fiscal Year:**

**Beginning date** (MM/DD): Click or tap here to enter text. **Ending date** (MM/DD): Click or tap here to enter text.

Please answer the following based on the last completed fiscal year for your foundation.

**Total Revenue:** Click or tap here to enter text.

**Total Amount Awarded: $** Click or tap here to enter text.

**$ given in the form of grants:** Click or tap here to enter text.

**$ given in the form of scholarships:** Click or tap here to enter text.

**$ given in other areas:** Click or tap here to enter text.

**Fundraising Activities of Your Foundation** (check all that apply):

Alumni Banquet  Golf Outing

Casino Night  Silent Auction

Formal Dinner/Dance  Thank an Educator

Adult Social Event  Trivia Night

Family Social Event  Walk/Run

None yet; still working on forming the foundation

Other: Click or tap here to enter text.

**Describe the relationship your Foundation has with the superintendent:**

Click or tap here to enter text.

**Priorities of the Foundation During Next Year:** Click or tap here to enter text.

**Known Areas of Assistance Foundation Currently Needs**: Click or tap here to enter text.

**Membership Dues**

INAPEF dues are based on the *foundation’s revenue* reported on the most recent IRS 990 form, or the most recent fiscal year if your organization does not file a 990 or 990EZ.

$150 (for revenue totaling $0-$50,000)

$250 (for revenue totaling $50,001-$100,000)

$350 (for revenue totaling more than $100,000)

Please return this application form with a check for the appropriate dues payment, made payable to INAPEF, to:

Teresa Ransdell

INAPEF

1809 Woodfield Dr.

Greenwood, IN 46143

317.697.2601