

**FEDERATION OF BURN FOUNDATIONS
MEMBERSHIP/SPONSORSHIP APPLICATION**

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Organization:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

Website:

Individual Contact:

Title:

Geographic Area/Region Covered _____

Mission statement or stated purpose of your organization _____

Key programs of your organization (i.e. Prevention/Education, Research, etc) _____

MEMBERSHIP TYPE: Place "X" at appropriate category.

_____ **Nonprofit organization membership (not including hospitals).** 501(c)(3) organizations in the United States and equivalent organizations in other countries with burn related concerns. Annual Membership dues are based on the annual operating budget of the organization as follows: (Please check appropriate level.)

_____ Budget under \$50,000/year	\$ 50 annual dues
_____ Budget of \$50,000-\$199,999	\$100 annual dues
_____ Budget of \$200,000 or higher	\$150 annual dues

New Organization Members: Please attach a copy of your 501(c)(3) determination letter from the Internal Revenue Service (or its equivalent if you are located outside the United States).

_____ **Burn Center Hospitals.** Non-voting Sponsorship \$150 annual fee

_____ **Corporate Sponsorship.** Vendors of burn care products and services, and other corporate entities concerned with burn care and burn prevention can become corporate non-voting sponsors for an annual fee of \$250.

_____ **Individual Membership.** Individual non-voting membership is offered to those not affiliated with a 501(c)(3) organization or the equivalent. For an annual fee of \$40, members receive all Federation mailings and have access to Federation resource materials.

All checks payable to **Federation of Burn Foundations** **AMOUNT DUE:** _____ (U.S. Dollars)

Please return this form along with your payment to:

Lee Barewin, FBF Treasurer
4535 Rockhill Terr.
Kansas City, MO 64110

All applications are subject to Federation of Burn Foundations approval.