



Miami Valley Association of Volunteer Administrators
Creating Excellence in Volunteer Administration
 PO Box 2214 Dayton, OH 45401-2214

2019 APPLICATION FOR ORGANIZATION MEMBERSHIP

Membership is open to anyone who works with or manages volunteers and is interested in increasing their skills, promoting their professionalism, and networking with others. Brown bag lunch meetings are monthly. For more information, please contact Nick Eddy, NickE@dayton-unitedway.org.

Please note: add contact information (same information as the primary member) about additional members for our membership directory.

Date of Application: _____

New **Renewal**

Primary Member

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City, State Zip: _____
 Phone: _____ Email: _____
 Supervisor: _____
 Supervisor's Email: _____
 Referred to MVAVA by: _____

Would you like to participate in the MVAVA Leadership Mentoring Program?

The mission of the program is to facilitate the development of emerging leaders by utilizing the knowledge, experience, and skills of established Volunteer Administrators in the community. The desire is that the MVAVA Leadership Mentoring Program will prepare our members to become effective leaders.

- Yes, I would like to be mentored
- Yes, I would like to mentor
- No, Thank you

Please review the list of teams and check any on which you would like to serve:

- MARKETING:** Marketing: Increase membership & awareness of MVAVA in the community
- EVENT:** Assist in planning and coordination of annual MVAVA conference and events benefitting members
- NOMINATING:** Provide a slate of Candidates for MVAVA offices. Knowledge of MVAVA members is essential.
- I'm not interested in serving on a specific committee, but I am willing to offer support

Are you a Certified Volunteer Administrator? Yes No

Membership Type

Please note: Renewal Memberships received after December 31st will be charged a \$10 late fee

- Organizational Membership (5 Or Less People) \$60 per calendar year *
- Organizational Membership (6 Or More People) \$100 per calendar year *

**For organizational memberships, please provide additional member information on the following pages. You may add additional pages if necessary.*

Applications may be completed online at www.mvava.org and paid with credit card or PayPal Account; alternatively, this application may be filled out and mailed with a check (payable to MVAVA) at:

Miami Valley Association of Volunteer Administrators
P. O. Box 2214
Dayton, Ohio 45401-2214

Or you may come to a meeting and bring your application and payment, as well.

Organization: _____

Primary Member: _____

*Please add addresses and/or supervisors below if they are different from the primary members.

Member #2

Name: _____

Title: _____ CVA

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Supervisor: _____

Supervisor's Email: _____

Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you

Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #3

Name: _____

Title: _____ CVA

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Supervisor: _____

Supervisor's Email: _____

Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you

Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #4

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #5

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #6

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #7

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #8

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #9

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**

Member #10

Name: _____
Title: _____ CVA
Address: _____
City, State Zip: _____
Phone: _____ Email: _____
Supervisor: _____
Supervisor's Email: _____
Mentor Program: Yes, I would like to be mentored Yes, I would like to mentor No, Thank you
Committee Interest: **MARKETING** **EVENT** **NOMINATING**