



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

2014 APPLICATION FOR 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 Cathy Guerrant, President at guerrantc@cssmv.org or Stephanie Morris, Membership Chair, at smorris@LifeEssentials.org.

Please note: if you choose to purchase an organizational membership, we will contact you to get further information about additional members for our membership directory, set up mentoring relationships, and share details about available committee opportunities

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?

Yes, please! No, Thank you

Please indicate Mentor or Mentee: _____

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

- MARKETING:** Marketing: Increase membership & awareness of MVAVA in the community
- OUTREACH:** Assist and support the Marketing Committee
- EVENT:** Event: Assist in planning and coordination of annual MVAVA conference and other events to benefit membership
- NOMINATING:** Provide a slate of Candidates for MVAVA offices. Knowledge of MVAVA members is essential.

Membership Type

Please note: Renewal Memberships received after February 28th, 2014 will be charged a \$10 late fee

- Individual Membership \$25 Annually
- Organizational Membership (5 Or Less People) \$60 Annually*
- Organizational Membership (6 Or More People) \$100 Annually*

**Please provide additional member information on the reverse side of this application.*

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 45401-22



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Organizational Member #2

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Organizational Member #3

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Organizational Member #4

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Organizational Member #5

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Organizational Member #6

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Organizational Member #7

Name: _____
Title: _____
Phone: _____ Email: _____
Mentor Desired? Yes, please! No, thanks.
Committee Interest? Marketing Mentoring Event Nominating

Please duplicate this form if additional space is necessary.