



Membership Application

Date:	Organization:
First Name:	Last Name:
Title:	Phone:
Business Address:	
Email:	
Years in Volunteer Management:	Membership Type: <input type="checkbox"/> Individual <input type="checkbox"/> Organizational

I AM A: NEW SVAVA MEMBER RENEWING SVAVA MEMBER

Membership is valid for the calendar year. **Annual dues are \$30.00**, valid for one individual or one organizational representative, and payable by Dec. 31 for the coming year. *Prospective members may attend one meeting before submitting dues.* Members should be current volunteer administrators or seeking employment in the field.

Committee Interests (check all that apply):
 Hospitality **Membership** **Social Media** **Website** **Public Relations**

ITEM	COST
Annual Membership Dues:	\$30.00
Total Payment:	

Do you know anyone who would like more information about SVAVA?

Name:	Title:
Organization:	Email:

Please 1) email electronic form to Darcy Sink at darcy.sink@navy.mil AND
 2) Send hard copy with check or money order payable to SVAVA at: SVAVA, PO Box 3274, Norfolk, VA 23514

For more information, visit us at www.southeasternvirginiaava.org or www.facebook.com/SoutheasternVaAVA