

**MEMBERSHIP APPLICATION/RENEWAL FORM**

**(Please print clearly)**

**Membership Year: 2019**

**MEMBERSHIP BENEFITS**

* Networking opportunities with colleagues in volunteer management
* Discussions of pertinent volunteer resource management topics
* Scholarship program for conferences, classes and other relevant opportunities

**DATE \_\_\_\_\_\_\_\_\_\_** **Membership\* Type (circle one)**: **•** Individual **•** Organizational

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VA ZIP \_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### WORK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Membership Type: An **individual** membership is non-transferable and stays with one individual, regardless of the organization for which they work. An **organizational** membership is for a designated representative; colleagues are welcome to attend meetings but are not eligible for benefits. In the event the representative leaves the organization or moves to a different position, the membership is transferable to a new designee.

**I AM A • NEW SVAVA MEMBER • RENEWING SVAVA MEMBER**

Membership runs from January 1st through December 31st of each calendar year. **Annual dues are $30.00**, payable by December 31 for the coming year*. Prospective members who have not previously attended a meeting may attend one meeting per calendar year before being required to submit dues*. Any individual working in Virginia who is interested in or serving as an administrator of a volunteer program is eligible for membership.

**COMMITTEE INTERESTS** (Please circle all that apply)

• Hospitality • Membership • Social Media • Member Resources • Programs

# **HOW DID YOU HEAR ABOUT SVAVA**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU KNOW ANYONE WHO WOULD LIKE INFORMATION ABOUT SVAVA?**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return completed Application/Renewal Form with check or money order made out to SVAVA**

**Mail to: SVAVA, PO Box 3274, Norfolk, VA 23514**

For more information on membership, contact Beth Heaton, bheaton@marinersmuseum.org