

## 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

<b>DATE</b>	Membership* Type (circle one): • Individual • Organizational
NAME	
TITLE	
ORGANIZATIO	N
ADDRESS	
CITY	, VA ZIP
E-MAIL	
	HOME#
for benefits. In the ev designee.	izational membership is for a designated representative; colleagues are welcome to attend meetings but are not eligible that the representative leaves the organization or moves to a different position, the membership is transferable to a new [AMA] • NEW SVAVA MEMBER • RENEWING SVAVA MEMBER
December 31 for the per calendar year b	om January 1 <sup>st</sup> through December 31 <sup>st</sup> of each calendar year. <b>Annual dues are \$30.00</b> , payable by e coming year. <i>Prospective members who have not previously attended a meeting may attend one meeting efore being required to submit dues</i> . Any individual working in Virginia who is interested in or serving as a volunteer program is eligible for membership.
	COMMITTEE INTERESTS (Please circle all that apply)  • Hospitality • Membership • Social Media • Member Resources • Programs
HOW DID YOU H	IEAR ABOUT SVAVA?
D	O 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