## **DURHAM REGION ASSOCIATION FOR**

### VOLUNTEER ADMINISTRATION



**Dietary Restrictions:**

Vegetarian Vegan Gluten-Free

Allergy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT IN PERSON AT DRAVA MEETING**

* Cheque\*
* Cash

\*Payable to: **Durham Region Association For Volunteer Administration**

**2017 Membership ($50.00) and 2017 Conference ($100.00)**

**Total Paid:**

* $150.00

STATUS:

* *All that apply*
* New Member
* Renewal
* Personal Membership
* Agency Membership

AGENCY INFORMATION:

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E.D’s E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No of Volunteers \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Hours \_\_\_\_\_\_\_\_\_\_\_\_\_Website\_\_\_\_\_\_\_\_\_\_\_\_\_

REPRESENTATIVE INFORMATION:

Representative Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Yes I agree to have my agency contact information distributed to DRAVA Members only.
* Yes I give permission for DRAVA to use my photograph for the purpose of promotion..

SIGNATURE: DATE:

* By-Laws Sent
* Welcome Letter Sent

# FOR OFFICE USE ONLY

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque Number \_\_\_\_\_\_\_\_\_\_ Receipt Number \_\_\_\_\_\_\_\_

Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_