



DURHAM REGION ASSOCIATION FOR VOLUNTEER ADMINISTRATION

2019 Membership and Conference Form

STATUS:

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

2019 Membership Fee \$50.00

2019 Conference Fee \$250.00 or \$300.00 non-member

Dietary Restrictions: Vegetarian Gluten-Free

Allergy _____

PAYMENT IN PERSON AT DRAVA MEETING

- Cheque*
 Cash

AGENCY INFORMATION:

*Payable to: Durham Region Association For Volunteer Administration

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:****FOR OFFICE USE ONLY**

Date Received _____ Cheque Number _____ Receipt Number _____

Treasurer _____

Membership Chair _____

Date: _____

- By-Laws Sent
 Welcome Letter Sent