



DURHAM REGION ASSOCIATION FOR VOLUNTEER ADMINISTRATION

2020 Membership Application

STATUS:

All that apply

- New Member
 Renewal
 Personal Membership
 Agency Membership

Membership Fee: \$50.00 January 1 - December 31, 2020

PAYMENT IN PERSON AT DRAVA MEETING

- Cash
 Cheque* (*Payable to: **Durham Region Association for Volunteer Administration**)

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:** _____

FOR OFFICE USE ONLY

Date Received _____ Cheque Number _____ Receipt Number _____

Treasurer _____

Membership Chair _____

Date: _____

- By-Laws Sent
 Welcome Letter Sent