

DURHAM REGION ASSOCIATION FOR VOLUNTEER ADMINISTRATION

2023 Membership Application

January 1 - December 31

| candary i becomed or | | |
|--|----------------|-----------------------------|
| Please check Membership Cat | egory | STATUS: |
| Regular Member (\$50.00 |)) | Please check all that apply |
| ☐ Full-time student (\$25.00) | | |
| Retired (\$25.00) | | Personal Membership |
| ☐ Active Board Member (\$ | | Agency Membership |
| must be active for at least 6 months | | |
| ☐ Cash (do not mail – arrange e-transfer through president@DRAVA.org) | | |
| □ Cheque* (*Payable to: DRAVA, Durham Region Association for Volunteer Administration) Mail to: Tara Cooper, Grandview Kids, 600 Townline Road South, Oshawa ON, L1H 0C8 | | |
| AGENCY INFORMATION: | | |
| Agency Name | | |
| Street Address | | |
| City | Postal Code | |
| Executive Director | E.D's E-Mail | |
| No of Volunteers | No of HoursV | Vebsite |
| 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 | | ☐ By-Laws Sent |
| Treasurer | | ☐ Welcome Letter Sent |
| Date: | | |
| | | |