



North Carolina Association of Volunteer Administration

Affiliate Membership Application Form

To provide education and leadership towards effective volunteer management

Date of Application: _____ **Region:** _____

Affiliate Name: _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Contact person: _____

Contact's position with Affiliate: _____

Phone number: (____) _____ **Fax:** (____) _____

E-mail address: _____

Affiliate Website: _____

Please indicate area(s) of interest that NCAVA could assist your affiliate with.

- | | |
|---|--|
| <input type="checkbox"/> Workshops & Training | <input type="checkbox"/> Publicity/Media |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Certification/Recognition |
| <input type="checkbox"/> Education | <input type="checkbox"/> Regional Director |
| <input type="checkbox"/> Fundraising/Finance | <input type="checkbox"/> Conference/Program |

If renewing your membership, payment is due by January 1st each year. Annual Membership fee is \$25

Return this form, along with check (made payable to NCAVA)

Mail to:
NCAVA
Attn: Membership Chair
3434 Edwards Mill Road
Suite 112-347
Raleigh, NC 27612