

Volunteer Administrators Network Member Application

http://vancentralohio.org/



Please check membership type and new member or renewal. A description of each membership type is listed at the bottom of the page. All memberships expire on June 30th. Once we receive your payment, you will receive a confirmation email with instructions on how to log in to the VAN website and join the member directory.

SECTION 1: MEMBER CONTACT INFORMATION

FULL NAME	
AGENCY/CORPORATION	
TITLE/POSITION	
WORK PHONE/CELL	
EMAIL ADDRESS	

SECTION 2: MEMBERSHIP TYPE

MEMBERSHIP TYPE	MEMBERSHIP DESCRIPTION	PLEASE CHECK
INDIVIDUAL (PAID BY ORGANIZATION) \$60	Membership stays with organization and can be transferred to another employee at the agency/organization if the individual leaves, changes jobs or positions.	
INDIVIDUAL (NON-TRANSFERABLE) \$60	Member works with volunteers in for-profit corporation, not-for-profit or government agency. This membership travels with individual should they change positions.	
STUDENT/VOLUNTEER/AMERICORPS/ SUSTAINING \$20	Member is a student enrolled in college level program or a volunteer active with an agency, or is currently working for the AmeriCorps program, or has been a VAN member for at least five years and is not currently employed in volunteer administration.	
Four or More: Please list agency \$50 with code	Agency pays for four or more VAN memberships per year. Please list the names of the employees that will become VAN members.	

SECTION 3: J C@ BH99F `B: CFA 5H-CB

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Were you referred to VAN by a current member:	No Yes If yes, who?

Please check your areas of interest for possible participation:

Publicity	Professional Development/Presenter	Awards
Hospitality	Membership	Fundraising
Board Position	Conference Planning	Serve a a Mentor

Make check payable to Volunteer Administrators' Network
Please mail check and form to:
Volunteer Administrators' Network, P.O. Box 16353 Columbus, OH 43216

OFFICE USE ONLY:

Form of payment: **Credit Card** **Check** **Ck#:** _____ **Check Type:** _____

Date payment received: _____ **Renewal Date:** _____