



Membership Renewal Form

Renew your membership today to enjoy another year of valuable professional development opportunities.

Your DCAVS Benefits include:

- Networking opportunities with others in our field.
- Discount on the annual DCAVS half-day Conference.
- Discount on the bi-monthly luncheon programs featuring professional trainers.
- DCAVS Newsletters sent to you bi-monthly
- Annual Membership Directory

DCAVS memberships are for your organization. An organizational membership entitles all the staff and volunteers at your organization the opportunity to enjoy the benefits of a DCAVS membership. Individuals may apply at the same rate.

Membership Dues: \$35.00
for twelve months from date of joining

Send in your payment today! Return the completed form with check, payable to:

DCAVS
PO Box 727
Madison, WI 53701

DCAVS Member Contact Profile:

Organization: _____

Mailing Address: _____

Primary Contact – **Note:** On other side of this form, add **Names/Emails** of others who should be receiving DCAVS email news and event info.

Name: _____ Title: _____

Email: _____ Phone: () _____

Which of the following committees would you like to be a part of? Circle your choice:

Conference Membership Program Outreach Newsletter Board Development

If you are a different primary contact from last year, please answer the following:

Brief Job Description: _____

Are you (Circle one): Full Time Part Time _____ hours/week

Are you new to: A) this organization? Yes No B) the profession of volunteer administration? Yes No

What percentage of your job is dedicated to volunteer administration? _____%

What job responsibilities do you have other than volunteer administration? Circle all that apply:

Special Events Fundraising Public Relations Human Resources Other: _____