

# Membership Form

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

**Your DCAVS Benefits include:**

- Networking opportunities with colleagues
- Discount on the Annual Conference
- Discount on the bi-monthly luncheon programs featuring professional trainers
- Bi-monthly Newsletter *The Network*
- Online Membership Director

**Who's a Member?**

DCAVS memberships are for your organization. An Organizational Membership entitles all of your paid and unpaid staff the opportunity to enjoy all DCAVS membership benefits, although elections are one ballot per organization. *Individuals may apply at the same rate.*

**1. Date:** \_\_\_\_\_  **Renewal**     **New Member**

**2. Member Contact Information**

**Organization**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Phone Number *if applicable*: \_\_\_\_\_

CEO Name and Title: \_\_\_\_\_

**Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

May we contact you about committee or project work?     Yes     No

Please circle any interest(s):

- Board Development    Conference    Finance    Membership  
 Newsletter    Outreach    Program

**Additional Contacts**

List the Names, Titles, and Emails of others who want to receive DCAVS news and announcements.

Name – Title – Email: \_\_\_\_\_

Name – Title – Email: \_\_\_\_\_

Name – Title – Email: \_\_\_\_\_

**3. Payment**

**Return the completed form with check, payable to:**

DCAVS  
 PO Box 727  
 Madison, WI 53701