

NEW HAMPSHIRE ASSOCIATION OF VOLUNTEER ADMINISTRATORS

MEMBERSHIP APPLICATION

New Renewal

PLEASE RETURN APPLICATION no later than SEPTEMBER 30TH, 2010!

October 1, 2010 – September 30, 2011

PLEASE PRINT CLEARLY

NAME _____

JOB TITLE _____

ORGANIZATION _____

SUPERVISOR'S NAME AND TITLE _____

SUPERVISOR'S EMAIL _____

YOUR WORK ADDRESS _____

WORK PHONE _____ FAX # _____

YOUR HOME ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

The membership has voted to give the Board the authority to determine when to share the NHAVA mailing list. Please check box if you do not wish to be included. ()

**Please indicate the committee(s) you would be interested in serving on
October 2010 - September 2011. Please sign up for at least one!**

Communications _____ Legislative _____ Membership _____ Program _____ Public Relations _____

Hospitality _____ Special Projects _____ NHAVA Board _____ Other (Please specify) _____

SIGNATURE _____ DATE _____

A member of NHAVA is entitled to receive a quarterly newsletter and attend four business/educational meetings. Please complete this application and forward it with your check for **membership dues (\$35.00) payable to NHAVA** to:

**NHAVA Membership Committee
P. O. Box 3364
Concord, NH 03302-3364**

Office use only: Check # _____ Amount _____ Date _____