



Kalamazoo Association of Volunteer Administrators

MEMBERSHIP APPLICATION

Annual Membership Dues are \$15.00 per year. (Jan—Dec)

Enclosed is my check for \$_____ which has been paid for by: ____ Self ____ Organization

Please make checks payable to KAVA and mail to: KAVA, P.O. Box 50424 Kalamazoo, MI 49005

Please note: memberships are transferable within an organization if paid for by the organization. Shared memberships and/or group memberships are not acceptable. Please provide the information below and submit with your payment. If more than one individual from your organization will be joining the group please make a copy of this form for each person joining. Thank you.

Name: _____

Title: _____

Organization: _____

Executive Director: _____

Address: _____

City/State/Zip: _____

Member Phone and E-mail

Executive Director Phone and Email

KAVA Committees

KAVA provides opportunities for committee participation and leadership. Each member is encouraged to participate on at least one of the following committees:

- MEMBERSHIP** to encourage members and participation
- NOMINATING** to identify, recruit and nominate officers
- LONG RANGE PLANNING** to develop and monitor the long range plan
- PROGRAM** to plan and coordinate membership meetings
- PUBLICITY/ HISTORIAN** to publicize and promote the organization and to maintain KAVA archives
- ANNUAL MEETING** to plan and organize yearly membership luncheon
- BIENNIAL CONFERENCE** to plan and organize every other year conference
- I have some questions and would like to be contacted by a KAVA Board Member.

Our mission is to shape the future of volunteerism by strengthening and promoting the profession of volunteer management. Members share a vision of effective involvement of volunteers and a commitment to the development of professional skills.