Metropolitan Volunteer Management Association 2010 MEMBERSHIP APPLICATION & INVOICE
Formerly CVD (St. Louis Council of Directors of Volunteer Services)

PLEASE PRINT

Name_____ **Job Title**_____
Last First

Agency_____ **Agency Website** _____

Agency Address_____
Street City State Zip

Telephone _(_____)_____ **Fax** _(_____)_____ **Email** _____

Agency Description (15 words or less): _____

_____

Agency Supervisor: _____(____)_____
Name Title Phone Email

Do you want a link on the MVMA website to your agency website? ☐ **Yes** ☐ **No**
Number of Agency Volunteers in 2008 _____ **Number of Agency Volunteer Hours in 2008** _____
Membership Fee Paid By: ☐ **Agency** ☐ **Individual** ☐ **CVD Scholarship**

Membership Category (check one):

☐ **Active $50**
Responsible for administering volunteer programs/services. Has the right to vote and hold office and shall pay annual dues and meeting fees to be in good standing. Note: Individuals separated from the field of volunteer management may continue to enjoy all the privileges and responsibilities of active membership for one year with the exception of seeking office and shall pay annual dues and meeting fees.

☐ **Associate $50**
Individuals who work in organizations whose mission support the promotion and enhancement of the field of volunteer management. Shall enjoy all the privileges and responsibilities of active membership with the exception of seeking office or voting and shall pay annual dues and meeting fees.

☐ **Sustaining $50**
Retired individuals who have been active MVMA members for a minimum of 5 years. Shall enjoy all the privileges and responsibilities of active membership with the exception of seeking office or voting and shall pay annual dues and meeting fees.

☐ **Student $50**
Students or interns in the field of volunteer management may apply for annual membership for a maximum of 2 years. Shall enjoy all the privileges and responsibilities of active membership with the exception of seeking office or voting and shall pay annual dues and meeting fees.

Please complete this section. Not for publication unless not affiliated with an agency.

Home Address_____
Street City State Zip

Home Phone (_____**)**_____ **Cell Phone (**_____**)**_____ **Email**_____

New Applicants: How did you hear about MVMA? ☐ **Newspaper (specify)**_____
☐ **Website** ☐ **Friend** ☐ **Mailing** ☐ **Other (specify)**_____

I understand that the MVMA Membership Directory is for individual communication of a professional nature between Members listed in the directory. Membership information included in the printed and electronic version of this directory is restricted to use by Members for the purpose of professional development in the field of volunteer management. Examples of such networking include sharing resources, seeking advice and discussing best practices, to name a few. The use of this directory for solicitation, political or illegal purposes is strictly prohibited. The information contained in the MVMA Directory may not be photocopied, stored electronically or manually, or reproduced for any use other than its intended purpose.

I understand that MVMA may agree to "swap/trade" our membership mailing list with other organizations on a one-time basis only and for one particular event. MVMA must have a guarantee from said organization that they will not sell or trade the MVMA membership list with any other person/persons and/or organizations.

I give permission for the MVMA to take my photograph and use the photograph for any legitimate use without any limitation or reservation.

Signature: _____ Date: _____

Please send $50 check payable to MVMA and this application to: Membership VP PO Box 31052 St. Louis, MO 63131
☐ **Check here if you are enclosing an additional $135 for the prepaid meeting option.**
Questions? Contact Pepi Parshall at 314-539-0345

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