



**Application for Affiliation
with the
Association for Volunteer Administration**

*Please complete this form and return with a signed Affiliation Agreement to
AVA, P.O. Box 32092, Richmond, VA 23294 USA
Phone: 804-672-3353 Fax: 804-672-3368 E-mail: info@AVAIntl.org*

Network Name:

Network Mailing Address:

Designated Liaison to AVA (must be a current AVA member):

Name: _____

Phone: _____ Fax: _____

E-mail: _____

Mailing Address: _____

Network Web Site Address (if applicable):

Does your network publish a newsletter? _____

If yes, how often? _____

Geographical Scope of the Network:

___ Local ___ Statewide/provincial ___ Regional ___ National

In order to provide periodic printouts to you of all AVA members in your area, please list the **cities or zip/postal codes** covered by your network. Attach a separate sheet if necessary.

Network Annual Dues: \$ _____

Is AVA membership included in the affiliate dues for all members?

☐ Yes ☐ No

Membership Information:

- Our network currently has a total of (#) _____ members.
This includes approximately (#) _____ individuals who are now members of the Association for Volunteer Administration.
- Please send us (#) _____ copies of AVA materials so we can begin informing our network members about AVA membership and resources.

Statement of Affiliation: We understand that we may use the following statement and AVA logo on our stationery or other organizational materials as long as our affiliation status is current:

"An Affiliated Network of the international Association for Volunteer Administration"

Comments/Questions/Concerns:

Please include a sample of your network's brochure and/or newsletter with this application.