



## 2018 AVM MEMBERSHIP APPLICATION

Our mission is to provide education, networking, support, resources and opportunities for professional growth to those in the field of volunteer management.

### Welcome to the Association of Volunteer Managers of Southeastern Wisconsin!

*Membership Benefits Include:*

- Quarterly meetings with other volunteer managers on topics such as volunteer retention, volunteer recruitment, volunteer challenges, protocol and forms, volunteer recognition, volunteer appreciation, special issues and more
- Discount on our annual Fall AVM Conference
- Networking opportunities with others in the volunteer management field
- Agency/company advertisement in Fall Conference Booklet (*with Organization Membership*)
- Agency/company logo and/or link on AVM website (*with Organization Membership*)

### MEMBER INFORMATION

Indicate:      Membership Renewal      or      New Member		Membership Year:	
Name:		Title:	
Agency/Company:		Phone:	
Address:			
City:	State:	ZIP Code:	
Email:		Cell Phone:	
Are you a Certified Volunteer Administrator?		Yes	No
How long have you been managing or coordinating volunteers on a professional or volunteer-based level (# of years)?			

### COMMITTEE PARTICIPATION

*You are a valuable resource to AVM and we value your input and expertise! Please circle one or more interests.*

Fall Conference	Nominations and Awards	Meeting & Program Planning	Fundraising
Annual Meeting	Membership	Public Relations	

Please describe volunteer management skills you would be willing to share:

### ANNUAL MEMBERSHIP OPTIONS • JANUARY 1, 2018 – DECEMBER 31, 2018

\_\_\_ **Individual Membership:** \$25

\_\_\_ **Organization Membership:**

\_\_\_ 1-3 Members: \$50 (*Includes a quarter page advertisement in Fall Conference booklet & logo/link on AVM website*)

\_\_\_ 4-7 Members: \$125 (*Includes a half page advertisement in Fall Conference booklet & logo/link on AVM website*)

\_\_\_ 8+ Members: \$500 (*Includes a full page advertisement in Fall Conference booklet & logo/link on AVM website*)

**For Organization Members:** Please complete a copy of this form for each person included in your membership. Combine and submit with payment to AVM to complete the registration process.

(*Organization Members Only*) AVM has permission to use my agency/company logo and website link on our webpage.

Do you or your employer pay your dues?      Self      Employer

I would like to receive emails from AVM.       I would like to receive emails from partners of AVM.

**Submit dues and form(s) to:** AVM, PO Box 44301, West Allis, WI 53214

For more information about AVM, visit [www.avmwisconsin.org](http://www.avmwisconsin.org) or contact our 2018 AVM Membership Chair: Karen Straw at [kstraw@waukeshacounty.gov](mailto:kstraw@waukeshacounty.gov) or (262) 548-7829.

Applicant's Signature:

Date:

*Thank you for your involvement in AVM! We are dedicated to your professional growth in volunteer management and look forward to growing together through educational and networking opportunities.*