



This form can be used for new memberships, renewals or changes to existing information. If your agency has several NOVAA members, please use a separate form for each representative. Please print clearly or type.

Membership Status (check one)

[] New Member [] Renewal [] Transfer from (agency or member name) _____

Type of Membership (check one)

[] Agency* Membership \$40.00 annually 7/1 through 6/30

This is a membership for a designated representative of an agency listed below.

[] More than 2 Agency* Representatives? Every membership after the first two full price memberships is only \$20.00 annually 7/1 through 6/30

[] Revolving Agency* Membership \$20.00 annually 7/1 through 6/30

Agencies with 2 or more members can purchase additional Revolving Memberships to share with undesignated agency representatives

*Any AGENCY membership can be transferred to a replacement agency representative for the remainder of the membership year.

[] Individual/Consultant Membership \$40.00 annually 7/1 through 6/30

This membership is for persons who represent themselves. Not transferable to another member or organization.

** 50% discount for memberships valid from 1/1 to 6/30 of membership year**

Please select one category that describes your work

- Individual/Consultant, Private Sector, Volunteer Organization, Government, Animals, Arts and Culture, Disabilities, Education, Environment, Faith Based, Health & Wellness, Housing/Homelessness, Hunger, Library, Political Action, Seniors, Youth, Seeking Employment, Other

Tell us about yourself

Name _____ Title _____

Agency Name _____

Mailing address _____

City _____ State _____ Zip _____ Fax: _____

Office Phone: _____ Home Phone: _____ [] exclude home phone from directory

Email: (please print clearly) _____

Your supervisor's name, title, and email:

Name of person who coordinates NOVAA membership for your agency: _____

(Please coordinate with this person to insure that only one check will be issued for all NOVAA memberships in your agency.)

Have you ever been a NOVAA member in the past? [] Yes [] No

Number of years in volunteer administration? _____ Are you a Certified Volunteer Administrator (CVA)? [] Yes [] No

Would you like your listing to appear in the public NOVAA member directory? [] Yes [] No

NOVAA's success depends on member participation – become a committee member

Which of the following committees interest you? (For more information about NOVAA committees, please visit www.novaa.org)

[] Communications [] Conference [] Library [] Membership [] Professional Development [] Program

Congratulations on investing in your professional development!

NOVAA Tax ID#: 93-0866060

Check # _____ Amount Enclosed: \$ _____

Please direct questions to Membership Director, membership@novaa.org
Mail completed NOVAA membership forms to: NOVAA, PO Box 8536, Portland, OR 97207-8536