



Membership Form

GAVA is a membership association that promotes, develops and strengthens professionalism in volunteer leadership throughout the state of Georgia. Membership in GAVA includes access to the most current online resources in the field, an opportunity to network and share best practices, and attend regional trainings and events throughout the year.

Primary Contact:

Name _____ Title _____
Organization _____ Address _____
City _____ State _____ Zip _____ County _____
Phone # _____ Fax # _____
Email _____ Website _____

Types of Membership:

All memberships are one-year, based on date of membership.

Individual Membership

- Regular Individual: \$35.00
- Student/National Service Member/Retired/Part-Time: \$25.00

Group Membership

- Organizational: \$35.00 for first employee; \$25.00 for each additional employee
- Volunteer Administration Associations: \$100.00 *

Other Membership

- Vendor: \$250.00

* Volunteer Administration Associations include local COVAs, DOVs, or DOVIAs only. All other organizations would fall under the Organizational Membership category.

Please indicate the number of volunteers your organization currently assists:

1-99 100-499 500-999 1,000 – 4,999 5,000+ 0 or N/A

Please indicate the number of years you have been a volunteer administrator:

Less than 1 year 1-5 years 6-10 years 11-15 years 16-20 years 20+ years

Membership Form (continued)

Do you have a CVA, CVM or any other kind of certification in volunteer administration?

Yes No I am currently working on one.

If Yes, from where? _____

Please indicate what other professional associations you are involved in:

My local Volunteer Administration Organization (COVA/DOV/DOVIA)

Please list name of COVA/DOV/DOVIA: _____

Please list contact name information for COVA/DOV/DOVIA: _____

- Points of Light/Hands On Network Hospital Network Local Volunteer Center
 Independent Sector Local Corporate Volunteer Council
 Association for Research on Nonprofit Organizations and Voluntary Action
 Other _____

Please check the category(s) that best fits your organization:

- Animal Welfare Arts Civic Community Building Disabilities Education
 Environment Faith-based Government Health/Hospitals Homelessness/Low Income
 Mental Health Museums/Libraries National Service Physical/Sexual Abuse
 Political/Advocacy Private Sector Resource Center Safety/Emergency
 Senior Citizens/Elder Care Social Service Sports/Recreation Substance Abuse Youth
 Other _____

Please check if you are interested in learning more about involvement with GAVA in any of the following areas:

- Bylaws and Operations Community and Partner Relations
 Training & Development Publicity
 Membership Awards and Recognition
 Website/Blog

**THANK YOU FOR JOINING GAVA.
BE SURE TO VISIT OUR WEBSITE FOR THE LATEST NEWS AND EVENTS!**

www.mygava.org

FedId# 58-1789392

Please remit form and check to:
Georgia Association for Volunteer Administration, Inc. (GAVA)
P.O. Box 55247 • Atlanta, GA 30308