

D.O.V.I.A.



Directors of Volunteers in Agencies Buncombe County

APPLICATION FOR MEMBERSHIP

Date of Application: _____ D.O.V.I.A. Member since _____

Number of Years in the Volunteer Profession _____

Name: _____
(last) (first)

Agency/ Organization (if applicable): _____

Program Name (if applicable): _____

Position/Title: _____

Mailing Address: _____

City: _____ State: __NC_____ Zip: _____

Work Telephone: _____ Fax Number: _____

E-mail Address: _____

*******Annual Dues*******

Please check one: (Dues cover membership for full year: July 1-June 30th unless otherwise indicated. However, you can join at anytime during the year.)

- \$20.00:** Covers 1 member
- \$50.00:** Covers 3 members* (must be registered at same time to get discounted rate)
- \$70.00:** Covers 4-6 members* (must be registered at same time to get discounted rate)
- \$25.00:** Individuals joining after March will pay \$25.00 which will extend membership through the next fiscal year.

**** In order to take advantage of multi-member pricing, applications for each individual in the group must be submitted together. Please submit a full application form for each individual.***

Check is enclosed for \$_____

PLEASE COMPLETE THIS APPLICATION AND RETURN WITH A CHECK PAYABLE TO:
D.O.V.I.A. – P.O. Box 2536 – Asheville, NC 28802-2536

Please be sure the name of the individual and the organization is clearly indicated on the check. DOVIA cannot be held responsible for unmarked checks.