

MEMBERSHIP APPLICATION

- Please fill out the application form and return it by email to membership@oavr.ca
- \$30 annual membership fee is payable to OAVR (cheque or etransfer)

MEMBERSHIP APPLICATION STATUS: New _____ Renewal _____

CONTACT INFO:

Name: _____
(Last Name) (First Name)

Organization: _____

Job Title: _____ **Tel:** _____

E-Mail Address: _____

Work Address:

(Street) (Apt/Unit #)

(City) (Province) (Postal Code)

EMPLOYMENT STATUS:

Is this a paid or volunteer position? **Paid** **Volunteer**

Position Status: **Full-time** **Part-time** **Other**

What percentage of your day is spent on volunteer management? _____

RECRUITMENT:

How did you hear about OAVR? _____

Are you affiliated with other related organization(s) that you believe may benefit from an OAVR membership? We'd be happy to invite them to join OAVR.

Organization: _____

Contact Name: _____

Phone: _____ **Email:** _____

COLLECTION OF PERSONAL INFORMATION:

The completion and submission of the OAVR Membership Application gives the OAVR Board of Directors permission to use your contact information, within OAVR, to communicate with you about meeting information, newsletters, industry job postings, and for membership list distribution to OAVR members for networking purposes. Information is stored in OAVR's database which is accessible only by OAVR board members.

PERMISSION & RELEASE

By completing and submitting the OAVR Membership Application I grant permission to the OAVR to use my name, any photo and video images of me and any comments made by me in writing or otherwise, for promotional purposes in any media in perpetuity. Should I disagree with any part of the above statement, I will inform the Membership Coordinator in writing.

I hereby release and discharge the OAVR and its Board of Directors from any claim or action that I may have with respect to the use of any of the above.

Signature and Date: _____

PAYMENT:

Please return your \$30.00 membership fee payable to OAVR to the treasurer at the address below. In order to identify your cheque, please include either your name, a reference number, or a copy of your application form. If using a reference number, include it here:

OAVR Treasurer
Paula Coons
Volunteer Ottawa
363 Coventry Road
Ottawa, ON, K1K 2C5

You can also pay by etransfer to: paula@volunteerottawa.ca and with the password "OAVR". Please note that banking fees may apply.

Thank you for being a part of
Ottawa Administrators of Volunteer Resources.

OFFICE USE ONLY:

Date Application Received: _____

Payment:

Organization Cheque _____ Personal Cheque _____ Cash _____

Contact List _____ Newsletter _____ Treasurer _____ E-Welcome Package _____