



Administrators of Volunteer Resources BC



www.cavrcanada.org **

2010 Membership Application**

Your AVRBC Membership also includes a one year membership with CAVR (Canadian Administrators of Volunteer Resources)

Please return this form with your membership fee

Cheque Payable to AVRBC

Volunteer Resources, 3935 Kincaid Street, Burnaby, BC V5G 2X6

January 2010

Dear Applicant, Annual membership fees January – December are \$85.00 • Cheque Enclosed

Please complete all of the information below. If your fees are paid by your Employer, please ensure that your name is on the cheque stub. New member fees will be pro rated after June 2010 on a sliding scale. New member fees will be 5 dollars less each month starting June through to October. Individuals joining in November and December will have their memberships extended to the end of the following year at no extra charge.

ALL FIELDS MUST BE COMPLETED

Name of Individual Member	
Organization	
Title, Position	
Business Address	
City, Province & Postal Code	
Business Telephone	
Business Fax	
Home Telephone	
Other Number	
E-mail Address	

I acknowledge that this renewal will entitle me to full membership benefits including membership with CAVR. I authorize relevant information submitted to be shared with CAVR for membership purposes.

Signature Date

Membership with AVRBC and CAVR is a personal membership -not organizational. Membership is not transferable.

AVRBC complies with BC's privacy legislation. We must collect certain information about you in order for you to access the services we provide. We will retain this information as long as required by our governing bodies. At any time, you may request access to this information.



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NAME: _____

MEMBER PROFILE

SECTOR

• Housing	• Arts/Culture	• Recreation/Sport	• Training/ Consultation
• Advocacy	• Faith/Religious Community	• Health	• Justice
• Environment/ Parks	• Education	• International Aid	• Fundraising
• Seniors	• Youth	• Other	

NETWORKING/MENTORING

I am willing to share my knowledge/expertise in the

Please List:

following area(s) with my colleagues:

i.e. Graphic Arts, Fundraising, Facilitation, Conflict Resolution, Self-Care, etc.

PROFESSIONAL STATUS

Professional Affiliations/Memberships	Please List:
Number of Years in the Profession?	

I AM WILLING TO ASSIST AVRBC IN THE FOLLOWING AREAS:

• Communications	• Conference Planning
• Learning & Development	• Workshop Facilitator Please list:
• Regional Representative	• Presentations

• Membership	• Advocacy
• Executive Sub-Committees	• Other Please list:

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