



Application Date \_\_\_\_\_

- New Member      Renewal \_\_\_\_\_, years in DOVIA: \_\_\_\_\_
- New Member      Renewal \_\_\_\_\_, years in DOVIA: \_\_\_\_\_

## 2021- 2022 DOVIA Membership Application

[www.doviamemphis.com](http://www.doviamemphis.com)

Directors Of Volunteers In Agencies (DOVIA) offers a forum for discussing issues and reaching solutions within the field of volunteer resource management. Our organization helps to advance our profession by providing members with the competencies needed to be effective managers and cultivators of our community's "spirit and soul" resources.

Objectives of DOVIA include:

- Increase the knowledge and improve the skills of individual members.
- Provide directors in volunteer services a forum for individual professional development and a network of support.
- Attract new persons to the vocation and to retain skilled persons.
- Enhance the role and dignity of the volunteer and volunteer services by promoting the field of volunteer management as a profession.
- Enhance nonprofit agencies and the community by providing stability and strength in the volunteer sector.

Some of the benefits of DOVIA membership include:

- Bi-monthly meetings with special speakers on a variety of volunteer management-related themes.
- Bi-monthly networking lunches/ happy hours with other volunteer coordinators.
- A discount on the registration fee to the Annual DOVIA Memphis conference, usually in the fall, featuring a full or half-day of training for volunteer administrators.
- Access to the DOVIA Google Group ([memphisdovia@googlegroups.com](mailto:memphisdovia@googlegroups.com)), where members can post information about upcoming events, post information about new volunteer resources, and ask questions of other members.
- Opportunity to apply for a [scholarship](http://www.volunteeringandservice.org) to attend the Points of Light National Conference on Volunteering and Service. <http://www.volunteeringandservice.org>
- UPCOMING – Access to shared online folder that contains volunteer management resources (All members can access and contribute to his folder.)
  - Access to shared calendar that includes all event & meeting dates
  - Access to text reminders for all events & meetings

**Annual dues: (January 1 – December 31 subscription) Renewals due by January 1.**

Membership Type:	All Renewals / New Member Dues (full year)
Member	\$30
Additional Member (from same agency)	\$20
AmeriCorps/Student/Intern	\$15

**Mail completed form and check (made payable to DOVIA Memphis) to:**

MS River Delta Foster Grandparent Program  
 Attn: Brigitte B. Wilson  
 PO Box 301421  
 Memphis, TN 38130

<b>Administrative Use Only:</b>	
Paid _____	Acknowledged _____
Check or Deposit # _____	
Added to Google _____	
Received Packet _____	
(1) Member since _____	
(2) Member since _____	

**Pay online @ [www.doviamemphis.com/membership.htm](http://www.doviamemphis.com/membership.htm)** (Mail or turn in this completed form to Brigitte Wilson at next meeting, if paying online.)

**\*\*Like us on Facebook! [www.facebook.com/DOVIAMemphis](http://www.facebook.com/DOVIAMemphis)\*\* Follow us on Twitter\* [@DoviaMemphis](https://twitter.com/DoviaMemphis)\*\* Check out our website\*\***

**[www.doviamemphis.com](http://www.doviamemphis.com)\*\*Join us on LinkedIn\* <https://www.linkedin.com/groups/8344410>**

**Agency Name:** \_\_\_\_\_

**(1) Member Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Other volunteer management group affiliations:** \_\_\_\_\_

I would be interested in helping with or attending:		
<input type="checkbox"/> Annual Conference	<input type="checkbox"/> Networking Happy Hour	<input type="checkbox"/> Volunteer Manager's Appreciation Lunch
<input type="checkbox"/> Networking Lunch	<input type="checkbox"/> Host a Meeting	<input type="checkbox"/> Present/Speak at a Meeting/Conference
<input type="checkbox"/> Scholarship Committee	<input type="checkbox"/> DOVIA Officer	<input type="checkbox"/> Other: _____

In the event that I am no longer working at my current organization, I would like to stay in contact with DOVIA and allow a Board Member to contact me.

Personal Cell Phone \_\_\_\_\_  Text ok

Personal Email \_\_\_\_\_

I prefer not to be contacted by DOVIA if I leave my current position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Additional Member (from same agency):**

**(2) Member Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Other volunteer management group affiliations:** \_\_\_\_\_

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