

**** 2007 Renewal Notice****

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

**Please return this renewal form with your membership fee
Cheque Payable to AVRBC**

December 2006

Dear Member,

The annual renewal fees are as follows:

\$75.00 Voting Membership (i.e., Regular Member or Non-Practicing Member)

In order to keep our records up to date, we ask that you take a moment to review your mailing address and organizational information below. **If your renewal fees are paid by your Employer, please have them identify on whose behalf the cheque is being sent.** Please fill out and return the attached form to allow us to keep your information current, **by February 28, 2007. Membership renewals paid after February 28th, 2007, will be charged an additional \$10.00 administration fee.**

****Please note, if the information below has not changed since your last renewal, there is no need to complete****

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

I acknowledge that this renewal will entitle me to full membership benefits. 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.****



Administrators of Volunteer Resources BC
www.avrbc.org

P.O. Box 2259, Vancouver, BC V6B 3W2



www.cavr.org

NAME: _____

MEMBER PROFILE

SECTOR

<input type="checkbox"/> Housing	<input type="checkbox"/> Arts/Culture	<input type="checkbox"/> Recreation/Sport	<input type="checkbox"/> Training/ Consultation
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Faith/Religious Community	<input type="checkbox"/> Health	<input type="checkbox"/> Justice
<input type="checkbox"/> Environment/ Parks	<input type="checkbox"/> Education	<input type="checkbox"/> International Aid	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth	<input type="checkbox"/> Other _____	

NETWORKING/MENTORING

I am willing to share my knowledge/expertise in the following area(s) with my colleagues: i.e. Graphic Arts, Fundraising, Facilitation, Conflict Resolution, Self-Care, etc.	Please List:
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PROFESSIONAL STATUS

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

I AM WILLING TO ASSIST AVRBC IN THE FOLLOWING AREAS:

<input type="checkbox"/> Communications	<input type="checkbox"/> Conference Planning
<input type="checkbox"/> Learning & Development	<input type="checkbox"/> Workshop Facilitator Please list:
<input type="checkbox"/> Regional Representative	<input type="checkbox"/> Presentations
<input type="checkbox"/> Membership	<input type="checkbox"/> Research
<input type="checkbox"/> Executive Sub-Committees	<input type="checkbox"/> Other Please list: