



Volunteer Managers of Central Iowa
Membership Form - July 2018 - June 2019
 Please print clearly

***Our Mission:** To empower professionals in the field of volunteer management by providing education, networking, and support.*

Name: _____	Position: _____	
Agency Name: _____	E-mail: _____	
Mailing Address:		
_____ (Street)	_____ (City)	
_____ (Zip)		
Work Phone: _____	Home Phone: _____	
Membership: Membership year is July 1 through June 30:		
<input type="checkbox"/> New Individual(\$30)	<input type="checkbox"/> New Organizational(\$60)	<input type="checkbox"/> New AmeriCorps(\$15)
<input type="checkbox"/> Renewal Individual(\$30)	<input type="checkbox"/> Renewal Organizational(\$60)	<input type="checkbox"/> Renewal AmeriCorps(\$15)
Payment Option:		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Type of Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
Credit Card:		
Name on Card: _____	Address: _____	
Expiration Date: _____	Verification Code: _____	
Organization Membership Info (\$60/site): Please name the people in your organization who will be members, they will be added to the email list and receive monthly updates		
Name/Position	Email	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
New Members: How did you hear about VMCI? Check all that apply		
<input type="checkbox"/> Current Member	<input type="checkbox"/> Website	<input type="checkbox"/> Facebook
<input type="checkbox"/> _____	<input type="checkbox"/> Twitter	<input type="checkbox"/> Professional Development Class

Please complete form and mail with a check payable to Volunteer Managers of Central Iowa to the following address:

VMCI
P.O. Box 487
Des Moines, IA 50302

To be completed by VMCI Officer:

Date received: _____

Check #: _____

Status change? Yes No

Date list updated: _____