

Volunteer Managers of Central Iowa

Membership Form - July 2022- June 2023 Please print clearly

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

апа support.					
Name:		Position:			
Agency Name:			E-mail:		
Mailing Address:					
(Street)		(City)		(Zip)	
Work Phone:			Home Phone: _		
Membership: Membershi	p year is July 1 throu	gh June 30:			
New Individual(\$35	5) Ne	w Organizational(\$	70)	New AmeriCorps(\$15)	
Renewal Individua	-	newal Organization	-	Renewal AmeriCorps(\$15)	
		g <u>.</u>			
Organization Membership		e name the people in y	our organization wh	o will be members, they will be added to the	
Name/Position			Email		
	New Members: How	did you hear abou	t VMCI? Check a	II that apply	
Current Member	Website _	Facebook	Twitter _	Professional Development Class	
Please complete form and mail with a check payable to Volunteer Managers of Central Iowa to the following address:			I I	To be completed by VMCI Officer: Date received:	

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

To be completed by Date received:	y VMC	Officer:	
Check #: Status change? Date list updated: _	_ Yes	No	