



## Invoice

CIAVA membership lasts for one calendar year. Membership provides access to all member benefits & activities for 12 full months from the date of payment.

**Annual Membership Dues per person** **\$50.00**

**Members Only Prepaid Meeting Package** **\$120.00 (optional)**

11 Monthly Meetings for the price of 10(Includes breakfast or lunch)

This option allows you to issue a single check for Membership dues *and* meeting fees for your entire Membership year. The cost for one Membership and one year's meeting fees is \$170.00. We regret that CIAVA cannot reimburse meeting fees for unattended meetings.

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\_\_\_\_\_ **CIAVA Membership(s) at \$50.00 each** \$ \_\_\_\_\_

\_\_\_\_\_ **Optional Prepaid Meeting Package \$120.00 each** \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**Please check one: Payment In-process/mailed: \_\_\_\_\_ or Payment Enclosed: \_\_\_\_\_**

**Pricing Valid Through 7/31/2010**

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Please list the name(s) of the CIAVA Member(s)

Name: \_\_\_\_\_ e-mail \_\_\_\_\_

Name: \_\_\_\_\_ e-mail \_\_\_\_\_

Name: \_\_\_\_\_ e-mail \_\_\_\_\_

**Please submit all Membership Applications with payment to:**

Neal Gore, CIAVA Membership Chair  
CIAVA, P.O. Box 732, Indianapolis IN 46206  
Questions? [membership@ciava.org](mailto:membership@ciava.org)  
[www.CIAVA.org](http://www.CIAVA.org)

For Administrative Use Only:

	Date Received		Amount Paid
	Added to <a href="http://www.ciava.org">www.ciava.org</a>		Username/Password Sent
	Money to Treasurer		Receipt Sent



## Membership Application

Please print and note that the information below will be used for our website and name tags. Once we have received this application, media release and payment, you will receive your username and password to complete the application information online.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Title \_\_\_\_\_

Organization's Name \_\_\_\_\_

Organization's Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Website \_\_\_\_\_

### MEDIA RELEASE

This Release ("Release") is executed in favor of Central Indiana Association of Volunteer Administration and each and all of its directors, officers, employees, agents, and representatives (collectively, "CIAVA"). I hereby freely and voluntarily execute this Release and agree to the following terms and conditions as a member of the association:

MEDIA RELEASE. I grant CIAVA permission to use my name, image, voice, appearance, and likeness for stories or advertisements that may be solicited on its behalf. This may include, but is not limited to, print advertising, photographs, public service announcements, promotional materials, video or audio recordings, news reports, etc. I understand I will not be eligible for any compensation related to the production and use of my name, image, voice, appearance, or likeness in any advertising or promotional materials and other media coverage as set forth herein.

\_\_\_\_\_  
Name of Member (Please Print)

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

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[www.CIAVA.org](http://www.CIAVA.org)

**Application Valid Through 7/31/2010**