



Volunteer Managers of Central Iowa Membership Form

Please print clearly

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

Date: _____	
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(\$35) <input type="checkbox"/> New Organizational(\$70) <input type="checkbox"/> New AmeriCorps(\$15) <input type="checkbox"/> Renewal Individual(\$35) <input type="checkbox"/> Renewal Organizational(\$70) <input type="checkbox"/> Renewal AmeriCorps(\$15)	
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"/> 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: _____