



MEMBERSHIP AGREEMENT

Membership year: April 1, 2021 to March 31, 2022

Organization Name:
 Mailing Address:
 City and Province: Postal Code:
 Phone: Fax:
 Website:
 Charitable/Not-for-Profit Registration #:

Volunteer Contact:
 Email:
 Executive Director:
 Email:
 Secondary Contact:
 Email:

As a member, I agree to:

- Follow best practices of volunteer management, including guidelines set out in the *Canadian Code for Volunteer Involvement*;
- Keep volunteer position postings current in plain language;
- Notify the Volunteer Action Centre of any contact information changes in my organization.
- Extend courtesy to prospective volunteers by contacting them in a timely and respectful manner, even if their placement will not be immediate;
- Refer prospective volunteers to the Volunteer Action Centre if a placement within my organization is not possible;
- Consult with VAC staff for service orientation if desired.

Authorized Signature:

Date:

_____ **Full Membership \$200**
 _____ **Special Rate \$100 (upon approval)**

Please complete MEMBERSHIP AGREEMENT and forward payment to:

Volunteer Action Centre
 1454 King St. E., Unit 3,
 Kitchener, ON N2G 2N7

Attn: Sarah-Ruth McCracken, sarah_ruth@volunteerwr.ca
 P 519-742-8610 | F 519-742-0559

Cheques payable to Volunteer Action Centre Waterloo Region.
 Receipts will be emailed upon payment.
 Invoices available upon request.
 Credit Card Payments can be made by phone or Paypal.

For office Use ONLY

- ___ Invoice Tracking Form
 ___ Updated Member Portal
 ___ Receipt Complete

Payment Type:

- ___ Cheque
 ___ Credit card