



Volunteer Administrators of Southwestern Pennsylvania

INDIVIDUAL / ORGANIZATION MEMBERSHIP APPLICATION

(Membership is based on the fiscal year from July 1 to June 30.)

Type of Membership:

Individual (\$25) Organization (\$25) Associate/Intern/Retiree (\$10)

1. I prefer to be listed in VASP's Membership Directory as follows:

Name: _____

Title: _____

Name and type of Agency/Organization: _____

Mailing Address: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Email: _____

2. Let VASP know more about you. Give a brief bio of your professional experience and interests. (By doing so, you agree to share this information with VASP members.)

3. I am interested in serving on the following committees:

- Advocacy/Ethics
- Membership/Outreach
- Mentoring
- Program/Special Events
- Public Relations/Newsletter/Website

4. I would like to participate in the Mentorship Program as a _____ mentor or _____ mentee.

5. I would like to learn about the following topics of volunteer management:

- Evaluation
- Recognition
- Recruitment
- Retention
- Training
- Other (please specify) _____

Thank you. Your information will assist VASP to better serve its members.

Make check payable to **VASP** and send completed form with payment to:

**VASP Membership Committee
P. O. Box 2367
Pittsburgh, PA 15230**

Ginny Giles, Membership
Rebecca Maletto, President

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412-263-3165

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