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| **YRAVA Membership Form-2023** | |
| 🞏 Membership for September & November 2023 Meetings only-$15  🞏 Guest Fee for one meeting-$10 | |
| Payment may be made by cheque and mailed with your membership form to  **York Region Association of Volunteer Administration**  **c/o Margaret Bahen Hospice, 653 Queen Street, Newmarket, ON L3Y 2J1 Attn: Ann Boden**  OR By e-transfer with your membership form to aboden@myhospice.ca | |
| 🞏 Receipt Required  Receipt will be emailed to member. | |
| Name: | |
| Position: | |
| Organization: | |
| Address: | |
| City: | Postal Code: |
| Phone: | Email: |
| Please post a link to our organization on the YRAVA website. 🞏Yes 🞏No | |
| Organization Website Address: | |

**YORK REGION ASSOCIATION OF VOLUNTEER ADMINISTRATION**

Please complete this form and include with your payment to

**York Region Association of Volunteer Administration**

**c/o Margaret Bahen Hospice, 653 Queen Street, Newmarket, ON L3Y 2J1 Attn: Ann Boden**