



PEEL VOLUNTEER ADMINISTRATORS' NETWORK

Membership Form

Organization: _____

Member Name/Primary Contact: _____

Please note: There may only one be one contact person per paid membership.

Position: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email address: _____

Please be advised: PVAN will use this email address to contact you regarding any updates and/or changes. Other members will also use this email address to network with you.

Agency Website: _____

Please complete this form and return with payment at the next PVAN workshop or mail to:

PVAN Membership Chair
P.O. Box 53067
5100 Erin Mills Parkway
Mississauga, ON L5M 5H7

Please note: Official receipt will be emailed to you upon request.

P.O. Box 53067, 5100 Erin Mills Parkway, Mississauga, ON L5M 5H7
www.pvan.ca