DOVIA Mississippi – Jackson Chapter

(Directors of Volunteers in Agencies)
www.DOVIAMS.org

2019 Individual Membership Application

Please enroll me as an individual member:	
Name:	
Title:	
Agency:	
Address:	
City, State, Zip:	
Work PH:	Fax:
E-mail:	
Discover, and American Express Individual Annual Membership inchandouts for monthly meetings ardues include entrance fees to all	yable to "DOVIA Mississippi") and Visa, MasterCard, credit cards via Square (convenience fees may apply) cludes notices, minutes, and program materials/ nd the GIVE Luncheon. Your 2019 DOVIA Mississippi regularly-scheduled meeting venues on the schedule. ings for more details (www.DOVIAMS.org).
I am a RENEWING member	Name, organization, phone or email (for referral credit)
I am interested in hosting of	or presenting a meeting. Please contact me.
Send completed membership form	n and payment to the Treasurer:
DOVIA Mississippi c/o Fran Baker, DOVIA Mis 901 Manship St.	ssissippi Treasurer

Jackson, MS 39202 PH: 601-278-4460