



International Association for Volunteer Effort

Company name: _____

Contact person's name: _____

Contact person's e-mail address: _____

Note: Contact person & email address is required as member communications are primarily via email.

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone: _____

Please choose a payment method

Bank Check Wire Transfer

Credit Card: Visa MasterCard American Express

Credit Card Number:

Credit Card Expiration: ____ / ____ (required for all credit card orders)

Please return completed membership form to:

Email: Lorrie@iave.org **Fax:** 1-202-330-4597

Mail: IAVE

805 15th St NW, Suite 100

Washington, DC 20005 USA