



Alabama VOAD Membership Information

Organization Name: _____ Primary Contact _____

Telephone _____ Cell Phone _____ Other: _____

Email: _____

Secondary Contact: _____

Telephone _____ Cell Phone _____ Other: _____

Email: _____

Physical Address: _____ City _____ State _____ Zip code _____

Mailing Address (if different): _____ City _____ State _____ Zip code _____

Service Area in Alabama: _____

Services provided by our organization: _____

We are a member of the following county VOAD(s) (complete only if the Organization Name above is not the county VOAD): _____

We would like to be a member of ALVOAD for 2020.

_____ Membership dues for 2020 (\$50 per organization) are attached.

_____ Check here if you would like a receipt of dues payment emailed to you.

Email address: _____

Please make checks payable to: ALVOAD

Mail this sheet with dues to: United Ways of Alabama
Attn: Becky Booker, ALVOAD Treasurer
8 Commerce Street, Suite 1140
Montgomery, AL 36104

Becky Booker, ALVOAD Treasurer: (334) 269-4505, bbooker@unitedwaysal.org