

PAVO New Member Registration

Name: _____

Board Name: _____

Mailing (Street) Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____ Email Address: _____

Date of Birth: _____ Gender: Male Female

Occupation: _____

PAVO Rating: _____ Expiration Date of Current Rating: _____

USAV Rating: _____ Expiration Date of Current Rating: _____

As a member of the Professional Association of Volleyball Officials, (PAVO), you are bound by the current Code of Ethical and Professional Conduct as adopted by the PAVO Board of Directors. The original Code was published in the ABO News; Volume 8, Number 4, August/September 1997. A copy of the current Code may be obtained from the PAVO central office (888/791-2074, email: pavo@pavo.org) or on the PAVO web page (www.pavo.org).

I have reviewed the above information and confirm that it is accurate and correct to the best of my knowledge.

Signature

Date

Please mark your preference for receiving Rules Interpretation Newsletters:

Email (selecting email delivery reduces PAVO expenses) U.S. mail

Please mark your preference for receiving *The Official Word* Newsletters:

Email (selecting email delivery reduces PAVO expenses) U.S. mail

Please mark your choice for taking the written examination:

On-line after my dues are received in the PAVO central office

Printed copy available to my board chair after my dues are received in the PAVO central office

PAVO is committed to diversity and will only use the following data in an aggregate form for purposes such as reporting membership demographics, requesting grants, etc.

African American

Caucasian (non-Hispanic)

Hispanic

Native American

Asian American/Pacific Islander

Multi-cultural

Hearing Impaired/Deaf

Physically Disabled

Your response is voluntary.