PAVO New Member Registration

Name: _____

Board Name: _____

Mailing (Street) Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Date of Birth: _____ **Gender:** Male Female

Occupation: _____

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

PREFERENCES

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

NOTE: These preferences can be changed at any time in your online PAVO member record.

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.