

Non-Profits, Individuals, Students 2017-18 Subscription Form

Please complete and return this form with your Payment.

Please create my subscription good through June 2018

Main Contact Name & Title:		Email:			
Agency:					
Mailing Address, City, Zip:					
Additional Names/Emails if selecting Unlimited Subscription:					
Name/Email:		Name/Email:		Name/Email:	
Phone:		Main Contact Cell:		Fax:	
We serve:	<input type="checkbox"/> Adults	<input type="checkbox"/> Youth	<input type="checkbox"/> Families	<input type="checkbox"/> Seniors	<input type="checkbox"/> Ages 0-5

Questions? Julie Barrow at julie@ovfv.org To request a separate Invoice or PayPal for Credit Payments contact Chantal@ovfv.org
To fax form use 386-675-1467 or mail with check to: 160 N. Beach Street, Daytona Beach, FL 32114

Please Mark all that apply	<input type="checkbox"/> We enjoy meeting people and would like to help as we can with greeting new visitors and members.
	<input type="checkbox"/> Please consider us as a resource or speaker! We have a specialty in:
	<input type="checkbox"/> Please contact me for committee work (Data, Youth Substance Abuse Prevention, Community Health Improvement Planning, OVFV Ambassadors, Health and Human Services Planning Committee)

Subscription Benefits (Please Select Your Preferred Subscription Level and add- ons at special members' only pricing):	Unlimited \$200	Organization \$125	Individual \$50.00	Student \$25.00
Any of your staff can attend monthly coalition meetings that host 100 community leaders in attendance for networking, distributing your literature, making announcements and learning about the latest happenings in the Health and Humans Services Community (2 nd Wednesday 9am to 10:30 am at the Florida Department of Health)	X			
Send messages about your events, job postings, and agency announcements through the Community Connector reaching 2900 community subscribers	X	X		
Receive recognition with your agency website linked on the One Voice for Volusia website (3000 monthly hits)	X	X		
A single subscriber can attend monthly meetings and submit your suggestions for Coalition meeting topics and speakers	X	X	X	X
Receive discounts and early notice on One Voice for Volusia events, sponsorships and trainings	X	X	X	X
TOTAL Subscription Amount	\$			
Our organization would like to reserve our One Voice for Volusia Sponsorship spot at last year's price of \$200.00 for the month/s of _____.	\$			
Our organization would like to reserve a booth at the 2017 Health and Human Services Summit on October 27th for the members' only price of \$75.00	\$			
TOTAL	\$			

Checks can be made payable to One Voice for Volusia. For an additional \$5 handling fee, credit cards may be processed.

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