

# 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](mailto:pavo@pavo.org)) or on the PAVO web page ([www.PAVO.org](http://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

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## 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.**

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**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.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> African American      | <input type="checkbox"/> Caucasian (non-Hispanic)        | <input type="checkbox"/> Hispanic       |
| <input type="checkbox"/> Native American       | <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Multi-cultural |
| <input type="checkbox"/> Hearing Impaired/Deaf | <input type="checkbox"/> Physically Disabled             |   |

Your response is voluntary.