

TAHV APPLICATION FOR MEMBERSHIP

Auxiliary/Volunteer Group Name and Address _____

Hospital Name and Address _____

DVS/Volunteer Coordinator _____

DVS/Volunteer Coordinator Phone Number _____

DVS/Volunteer Coordinator Email Address _____

Auxiliary/Volunteer Group President Name and Address _____

Total Volunteer Membership _____

Membership Dues:

(Dues Determined by Hospital Bed Size)

(Dues payable June 1 - delinquent October 1)

_____	1 to 75 Beds	\$35.00
_____	76 to 140 Beds	\$50.00
_____	141 to 250 Beds	\$75.00
_____	251 to 399 Beds	\$100.00
_____	400 +	\$150.00
_____	No bed institution	\$30.00

Date Volunteer Group Organized

Signature of Volunteer Coordinator

Date of Application

Signature of Hospital Administrator

Please return to:

Jo Ann Goodwin
213 Crescent Drive
Early, TX 76802

