

**Texas Association of Healthcare Volunteers  
NEW OFFICERS, DIRECTOR, AND/ OR HOSPITAL  
MEMBERSHIP CHANGE INFORMATION  
PLEASE PRINT ALL INFORMATION**

**PLEASE USE THIS FORM FOR ALL CHANGES NOT JUST OFFICER CHANGES**

**\*\*Hospital Name:**

**\*\*CEO:**

**\*\*Physical Hospital Address:**

<b>**City:</b>	State:	ZIP Code:
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Hospital *Mailing* Address (If Different):

Auxiliary Name:

<b>TAHV District No:</b>	<b>**Officers Change (Mo/Yr)</b>
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**\*\*Director Volunteer Services Name:**

Mailing Address:

City:	State:	ZIP Code:
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Work Phone:	Home/Mobile:
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E-mail:

**\*\*Auxiliary President Name:**

Mailing Address:

City:	State:	ZIP Code:
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Work Phone:	Home/Mobile:
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E-mail:

**Junior Volunteer Group    Yes:    No:    Summer:    Year-round:**

**\*\*Junior Volunteer Director Name:**

Mailing Address:

City:	State:	ZIP Code:
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Work Phone:	Home/Mobile:
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E-mail:

**\*\*Auxiliary Treasurer Name:**

Mailing Address:

City:	State:	ZIP Code:
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Work Phone:	Home/Mobile:
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E-mail:

- **Print** all information clearly as it must be read and entered into a Database. This info is important for Membership updates, Outlook distribution, Convention News, and many other things. Please update **as needed**.
- Spaces left Blank are considered to be NO change and the Database is not changed, however, it is **MANDATORY** to enter a name even if it is not a change. That is for verification purposes.
- When making Officer/DVS changes, if you no longer have one of these positions filled, please note **NONE** in the Name space.
- MAIL TO: Sandra Pybus, 74 Heathrow Lane, Sugar Land TX 77650 or Scan and send via Email to stpybus@sbcglobal.net. Please ensure that the scan is clear before sending. Or the website form can be downloaded, completed and then sent as an attachment stpybus@sbcglobo.net

Completed By: \_\_\_\_\_

Phone:

Date:

**\*\*Required Information** 2021 TAHV DB Memb Update Form.docx

Revised 4/9/2021