

**New Officers, Director, and/or Hospital
Membership Change Information**
Texas Association of Healthcare Volunteers



Please use this form for ALL changes-not just officer changes. – Please Print ALL Information Clearly			
HOSPITAL INFORMATION:			
*Hospital Name:			
*CEO:			
*Physical Address:			
*City, State, Zip:			
*Mailing Address (If different):			
*City, State, Zip:			
Auxiliary Name:			
TAHV District Number:			
*Officer Change (Mo/Yr):			
DVS INFORMATION:			
*Director Volunteer Services Name:			
Mailing Address:			
City, State, Zip:			
Work Phone:		*Home/Mobile Phone:	
Email Address:			
AUXILIARY INFORMATION:			
*Auxiliary Group Name:			
*Auxiliary President Name:			
*Mailing Address:			
*City, State, Zip:			
*Work Phone:		*Home/Mobile Phone:	
*Email Address:			
*Auxiliary Treasurer Name:			
*Mailing Address:			
*City, State, Zip:			
*Work Phone:		*Home/Mobile Phone:	
*Email Address:			
JUNIOR VOLUNTEER GROUP:			
Yes/No:	Summer Only:	Year-Round:	
*Junior Volunteer Director Name			
*Mailing Address:			
*City, State, Zip:			
*Work Phone:		*Home/Mobile Phone:	
*Email			
ADDITIONAL INFORMATION			
<ul style="list-style-type: none"> • Spaces left blank are considered NO CHANGE. It is mandatory to enter the auxiliary name even if no other changes are necessary for verification. • When making officer/DVS changes, if you no longer have a position filled, please note by entering “NONE”. • Return completed form to: Chrissy Garcia; 4425 CR 2289; Odem TX 78370 Phone: 361-215-9675; Email: garciac523@hotmail.com <p>(Form can be returned by mail, email, or downloaded from the website at TAHV.org, completed on a computer and sent as an attachment.)</p> <p style="text-align: right;">*Required Field</p>			
Completed by:		Date:	Phone:

Revised: 05/2026/Pat Sowder-Chrissy Garcia

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