

APPLICATION FOR TAHV MEMBERSHIP

Auxiliary/Volunteer Group Name and Address

Hospital Name and Address

DVS/Volunteer Coordinator Name and Contact information

Name _____

Phone number _____

Email _____

Auxiliary/Volunteer Group President Name and contact information

Name _____

Address _____

Email _____

Total volunteer membership: _____

Membership Dues are determined by hospital bed size.

Dues are payable by June 1st and delinquent by October 1st.

_____ 1-75 bed	\$ 35.00	_____ 251-399 beds	\$100.00
_____ 76-140 beds	\$ 50.00	_____ 400+ beds	\$150.00
_____ 141-250 beds	\$ 75.00	_____ No Bed Institution	\$ 35.00

Return to:
Kathy Jenkin
127 Cedar Ridge Dr.
Rockport , Texas 78382

