

**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:**

****Physical Hospital Address:**

****City:** _____ **State:** _____ **ZIP Code:** _____

CEO Name:

Phone: _____ **Fax:** _____ **E-mail:** _____

Hospital Mailing Address (If Different):

Auxiliary Name:

TAHV District No: _____ **Officers Change (Mo/Yr)** _____

Director Volunteer Services Name:

Mailing Address If Different from Hospital:

City: _____ **State:** _____ **ZIP Code:** _____

Work Phone: _____ **Home/Mobile:** _____ **Fax:** _____

E-mail: _____

Auxiliary President Name:

Mailing Address If Different from Hospital:

City: _____ **State:** _____ **ZIP Code:** _____

Work Phone: _____ **Home/Mobile:** _____ **Fax:** _____

E-mail: _____

Junior Volunteer Group Yes: No: Summer: Year Round:

Junior Volunteer Director Name:

Mailing Address If Different from Hospital:

City: _____ **State:** _____ **ZIP Code:** _____

Work Phone: _____ **Home/Mobile:** _____ **Fax:** _____

E-mail: _____

Auxiliary Treasurer Name:

Mailing Address If Different from Hospital:

City: _____ **State:** _____ **ZIP Code:** _____

Work Phone: _____ **Home/Mobile:** _____ **Fax:** _____

E-mail: _____

1. 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.
2. Spaces left Blank are considered to be NO change and the Database is not changed.
3. When making Officer/DVS changes, if you no longer have one of these positions filled, please note ***NONE*** in the Name space
4. MAIL TO: Dana McGinnis at PO Box 2795 Crystal Beach, TX 77650 or Scan and send via Email to danamcginistahv4@yahoo.com. Please insure that the scan is clear before sending. Or the website form can be downloaded, completed and then sent as an attachment to danamcginistahv4@yahoo.com.

Completed By: _____

Phone: _____

Date: _____

****Required Information**