

**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:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Auxiliary President Name:**

**Mailing Address If Different from Hospital:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home/Mobile:** \_\_\_\_\_

**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:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Auxiliary Treasurer Name:**

**Mailing Address If Different from Hospital:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home/Mobile:** \_\_\_\_\_

**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 danamcginnistahv4@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 danamcginnistahv4@yahoo.com.

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

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*Required Information**