

TAHV APPLICATION FOR MEMBERSHIP

Auxiliary/Volunteer Group Name and Address _____

Hospital Name and Address _____

DVS/Volunteer Coordinator _____

DVS/Volunteer Coordinator Phone Number _____

DVS/Volunteer Coordinator Email Address _____

Auxiliary/Volunteer Group President Name, Address, Email _____

Total Volunteer Membership _____

Membership Dues:

(Dues Determined by Hospital Bed Size)

(Dues payable June 1- delinquent October 1)

_____	1 to 75 Beds	\$35.00
_____	76 to 140 Beds	\$50.00
_____	141 to 250 Beds	\$75.00
_____	251 to 399 Beds	\$100.00
_____	400 +	\$150.00
_____	No bed institution	\$30.00

_____ Date Volunteer Group Organized

_____ Signature of Volunteer Coordinator

_____ Date of Application

_____ Signature of Hospital Administrator

Please return to:

Stephen Apple
2819 Rainforest Court
Southlake, TX 76092

