

NEW ENGLAND ASSOCIATION OF DIRECTORS OF HEALTHCARE VOLUNTEER SERVICES
2012-2013 MEMBERSHIP RENEWAL*

INFORMATION CURRENTLY ON FILE:

*This form is for membership 'renewal' only. New members should use the new member application on the NEADHVS.org website.

Name _____
Title _____
Organization Name _____
Street Address _____
City, State Zip _____
Office Phone # _____
Office Fax # _____
Email Address _____
Date joined if known: _____

I AM A CAVS: Yes No

Please check one:

- My organization is paying my membership dues.
 I am personally paying my membership dues.

ARE YOU A MEMBER OF YOUR STATE ASSOCIATION? Yes No
(CT= CADVSH, MA= MADHVS, ME= MSDHVS, NH/VT= NH/VTAHVS, RI= RIAHVA)

ARE YOU A MEMBER OF THE NATIONAL ASSOCIATION, AHVRP? Yes No

Please list any awards you have received from your State Association, NEADHVS, or AHVRP: _____

Please list any board positions you've held in your State Association, NEADHVS, or AHVRP: _____

DO YOU HAVE AN INTEREST IN SERVING ON THE NEADHVS BOARD OF DIRECTORS OR ONE OF IT'S STANDING COMMITTEES? (Please check any that interest you.)

- Board of Directors Nominating Cmte Bylaws Cmte Education Cmte Communications Cmte
 Professional Development Cmte Funds Development Cmte Finance Cmte

SIGNATURE _____ DATE _____

Annual Membership dues of **\$50.00** for the membership year 07/01/2012-06/30/2013 are due to NEADHVS. To remain a member in good standing and to insure that all of your information is current, all dues need to be **paid by April 30, 2012**. Checks should be made payable to NEADHVS. Please complete this form and forward it along with your dues in the enclosed envelope, to our Membership Chairperson: **Erin McCallon-Estremera, CAVS, Volunteer Services Coordinator, Hartford Hospital, 80 Seymour Street, Hartford, CT 06102**

The following information is to clarify questions about new or renewing memberships in the middle of our fiscal year (July 1 – June 30). All members must pay the full \$50 dues no matter when they join during the year. If a member leaves their organization and the organization has paid the membership fee, it will be applied to the new director/manager from that organization. If dues are paid personally by the member themselves, the membership belongs to that individual.

THIS SECTION FOR NEADHVS Membership Chairperson's use only

Recorded on Membership Directory: _____ Date Recorded: _____ Initials: _____
Member information changes forwarded to: _____ Date Forwarded: _____ Initials: _____
• Treasurer (Check # _____ P/O: _____ Amount: _____ Date Mailed: _____)
• List Serve Manager (If changes in list serve information are required)
• Board of Directors (Changes only-FYI)
• Communications Chairperson (Changes only-FYI)
• State Association President (Changes only-FYI)