

**ASSOCIATION OF ARIZONA HEALTHCARE  
VOLUNTEERS  
MEMBERSHIP APPLICATION OR RENEWAL  
FOR JANUARY - DECEMBER 2011**

*Please print and fill out completely:      Please supply all applicable info:*

**Full Name of Healthcare Facility:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Full Name of Volunteer Group:** \_\_\_\_\_

No. of Volunteer Group members: \_\_\_\_\_ No. of hospital beds \_\_\_\_\_

**Volunteer Group 2011 President:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer Group DVS, Mgr. or supervisor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer Group Incoming President:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Assumes Presidency: Month \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Please check here if you do not want the above information disclosed to other AAHV hospitals.

**Aahv membership dues: \$100.00  
PER CALENDAR YEAR PER VOLUNTEER  
ORGANIZATION  
DUES PAYABLE UPON RECEIPT**

Please make check payable to AAHV  
Mail to: Donna Fuller, Membership Chairman  
P. O. Box 9266 Phoenix, AZ 85068-9266  
[dfuller26@cox.net](mailto:dfuller26@cox.net) 602-335-0508

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