

**ASSOCIATION OF ARIZONA
HEALTHCARE VOLUNTEERS**

**INDIVIDUAL MEMBERSHIP APPLICATION
FOR JANUARY – DECEMBER 2010**

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

Volunteer applicant: _____

Mailing Address: _____

City: _____ **ZIP:** _____

Phone: _____ **Email:** _____

Full Name of Healthcare Facility: _____

City: _____

Individual Membership does not provide eligibility for voting or for holding a Board position, but does allow for participation in AAHV in all other ways.

**AAHV INDIVIDUAL MEMBERSHIP DUES: \$25.00
PER CALENDAR YEAR PER INDIVIDUAL
DUES PAYABLE UPON RECEIPT**

**Please make check payable to AAHV
Mail to: Donna Fuller, Membership Chair
P.O. Box 9266 Phoenix, AZ 85068
dfuller26@cox.net 602/335-0508**

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

AAHV is a 501(c)(3) non-profit corporation.

Tax # 20-1352090