



Virginia Association of Healthcare Auxiliaries and Volunteers
Capital · Hampton Roads · Northern · Piedmont · Southwestern
www.vahav.org

APPLICATION FOR MEMBERSHIP

Date: _____

Organization Name: _____

We hereby make application for membership in the Virginia Association of Healthcare Auxiliaries & Volunteers (VAHAV).

We understand that our membership is renewed upon payment of annual dues. Payment of \$_____ is, () enclosed or () previously submitted. Second year dues will be reduced by pro-rating the number of months remaining in your membership at the close of the fiscal year. Payment should be made to the VAHAV and directed to the Treasurer.

Name: _____

Title: _____

Address: _____

Telephone: _____

Email: _____

Other:

Name: _____

Title: _____

Address: _____

Telephone: _____

Email: _____

Please return a copy of this application form to the President, Membership Chair, and the Treasurer.

For their mailing address send an email to communications@vahav.org or visit the website at vahav.org and send an email from there.

Virginia Association of Healthcare Auxiliaries and Volunteers

Auxiliary and Volunteer Presidents Fiscal Year Dues

The Virginia Association of Healthcare Auxiliaries and Volunteers has been established as a nonprofit organization. As such, VAHAV depends upon its member auxiliaries and volunteer facilities to support the organization through its submission of yearly membership dues. These annual dues enable VAHAV to function at the State and National levels and represent your activities as described in Article II of the By-Laws found in Section II of the VAHAV Leadership Manual.

The number of Adult Auxilians and Volunteers you identified and included in the Annual Survey determines the amount of dues your organization is assessed. The Base Charge varies between \$15.00 and \$80.00 based on the total number of members reported. The per-member charge is \$.35 per member. The range of the Base Charge is as follows:

<u>Total Membership</u>	<u>Base Charge</u>
1-50	\$15.00
51-100	\$30.00
101-200	\$45.00
201-400	\$60.00
400 or more	\$80.00

The approved method of computing membership dues for your organization is as follows:

_____ Adult Members @ \$.35 per member = \$ _____

Base charge for your organization = \$ _____

()\$15; ()\$30; ()\$45; ()\$60; ()\$80

AMOUNT DUE = \$ _____