



**Please print and complete this application and send it to: Susan Hedrich, CAVS, Director of Volunteer Services, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. and check made out to NEADHVS in the amount of \$50.00. Please note: If your predecessor was a paid member of NEADHVS during this membership year, and the membership dues were paid by your facility, you may join without paying additional dues this year. Questions – email Susan Hedrich at [HedricSu@cmhc.org](mailto:HedricSu@cmhc.org) or call CMMC, 207-795-2472**

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.

### **NEADHVS NEW MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check one:  My organization is paying my membership dues.  I am personally paying my membership dues.

If known, please supply the name of the former DVS at your facility \_\_\_\_\_

Title/Position \_\_\_\_\_ I am a CAVS:  Yes  No

Facility \_\_\_\_\_

Address \_\_\_\_\_

Type of Facility \_\_\_\_\_ # Beds \_\_\_\_\_ # Volunteers \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Do you have Dept Director/Manager status at your facility?  Yes  No Date Hired \_\_\_\_\_ Hours/week \_\_\_\_\_

#Paid Personnel Supervised \_\_\_\_\_ Do you supervise any other departments or services?  Yes  No

If yes, please list: \_\_\_\_\_

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 have held in your State Association, NEADHVS, or AHVRP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NEADHVS Membership Chairperson's use only.***

Membership Chair: Date added to Excel & Website Membership Directories: \_\_\_\_\_

**Information scanned and emailed to:**

**Date:**

\_\_\_\_\_ Treasurer                      Check # \_\_\_\_\_ Amount: \_\_\_\_\_  
Membership is Personal (P) or Organizational (O): \_\_\_\_\_

\_\_\_\_\_ List Serve Manager              Add to list serve

\_\_\_\_\_ Communications Chair              FYI

\_\_\_\_\_ Board of Directors              FYI

\_\_\_\_\_ State Association President              FYI