

**NEADHVS**

NEW ENGLAND ASSOCIATION DIRECTORS HEALTHCARE VOLUNTEER SERVICES

Please complete this membership renewal and mail it along with your dues payment to: **Amy Lionheart, M.A., M.B.A.**
NEADHVS Membership Chair, Manager, Volunteer Services Department, Danbury Hospital, 24 Hospital Avenue, South Building 6th Floor, Danbury, CT 06810-6099. Make checks payable 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 Amy Lionheart at amy.lionheart@wchn.org or call 203-739-7277.

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.

2018– 2019 MEMBERSHIP APPLICATION/RENEWAL ***MEMBER INFORMATION: (KINDLY PRINT YOUR INFORMATION BELOW SO THAT IT IS CLEARLY LEGIBLE)**

*This form is for membership 'renewal' only. New members should use the new member application on the NEADHVS.org website.
Renewal Due by: July 1, 2018. Early Bird extended to July 10th (if you renew by this date, you will be entered into a raffle for a free Fall Conference Registration.)

Name _____
Title _____
Organization Name _____
Street Address _____
City, State Zip _____
Office Phone # _____
Office Fax # _____
Email Address _____

I AM A CAVS: ☐ Yes ☐ No

Please check one:

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

I HAVE BEEN A NEADHVS MEMBER SINCE: _____ Please provide as much information as you can; exact date if known, or month/year. If you do not have a record of this information please provide your best estimate.

ARE YOU A MEMBER OF YOUR STATE ASSOCIATION? ☐ Yes ☐ No
(ME= MSDHVS, NH/VT= NH/VTAHVS)

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 ITS STANDING COMMITTEES? (Please check any that interest you.)

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

SIGNATURE _____ DATE _____

Make checks payable to NEADHVS and Mail to Chairperson Amy Lionheart, M.A., M.B.A., NEADHVS Membership Chair, Manager, Volunteer Services Department, Danbury Hospital, 24 Hospital Avenue, South Building- 6th Fl., Danbury, CT 06810-6099.