



**Council on Volunteer Services  
Georgia Health Care**

**Application for Membership**

Auxiliary Name: \_\_\_\_\_ District: \_\_\_\_\_

President: \_\_\_\_\_

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

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vice Pres./Pres. Elect: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Hospital Beds: \_\_\_\_\_

Name of Administrator/CEO: \_\_\_\_\_

Administrator/CEO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dues are mailed with application and paid annually thereafter**

<u>Number of Beds</u>	<u>Dues Scale</u>	<u>Amount Enclosed</u>
1 - 25	\$ 25.00	
26 - 50	\$ 75.00	
51 - 100	\$ 100.00	\$ _____
101 - 250	\$ 150.00	
251 and up	\$ 200.00	

Make check payable to: The Council on Volunteer Services  
Mail form with dues payment to:

Jimmy Hall  
Vice President/Membership  
112 Wildwood Trail  
Bonaire, GA 31005  
jashall59@yahoo.com