



**Association for Health Care
Volunteer Resource Professionals**

Advancing the Patient Experience through Volunteer Management

2020 AHVRP Membership Application

Please select your membership option and complete the form.

AHVRP

Regular Membership \$175

Individual members who are management and/or supervisory professionals of volunteer services or related disciplines and actively employed in a health care setting, or in a setting where health care services are provided.

AHVRP Member-at-Large \$50

Individual members who are volunteers or Auxiliaries in a health care setting.

Retired/Student \$50

To become a member in this category, submit the application and a written request to the ahvrp@aha.org. Applicants are subject to approval by the Board of Directors

Vendor Membership \$400

Individuals who are consultants, manufacturers and/or vendors should consider Vendor membership. Vendors provide products or services relevant to gift shops or volunteer services.

Make check or money order payable to:

Association for Health Care Volunteer Resource Professionals (AHVRP)
of the American Hospital Association (AHA)
P. O. Box 75315
Chicago, Illinois 60675-5315

Type: VISA MasterCard American Express

Credit Card #: _____ Expiration: _____

Name (as on card): _____

Signature: _____ Date: _____

Send credit card by secure fax only: (312) 422-3609

Emailed applications with credit card info will not be accepted.

I hereby apply for membership in the Association for Health Care Volunteer Resource Professionals and agree to pay the current applicable membership dues.

Signature

Date

Dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as ordinary and necessary business expenses except that, under IRC section 162(e)(1).

Membership dues are effective one year from the date the membership application is accepted and processed. Membership eligibility is subject to the provisions of the AHVRP bylaws.

Applicants may be admitted to membership at any time during the year upon paying annual dues. Under cycle billing procedures, dues will be billed again 12 months later, not on a calendar basis. Members may cancel their membership at any time, but dues will not be refunded nor is membership transferable.

Member Information

First Name _____	Middle Initial _____	Last Name _____	Credential _____
Title _____			
Organization Name _____			
Address _____			
City, State/Province, Zip Code _____			
Phone _____	Fax _____	E-mail _____	

Personal Information

Home Address _____

City, State/Province, Zip Code _____

E-mail _____

Primary E-mail: Work Personal

Mail should be sent to: Work address Home address

Are you a member of your local AHVRP Chapter? Yes No
If yes, which chapter(s)? _____