AHVRP
Association for Health Care Volunteer Resource Professionals
Advancing the Patient Experience through Volunteer Management

# 2019 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 Auxilians 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).

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| 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)?

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