



Association for Healthcare
Volunteer Resource Professionals

A professional membership group of the
American Hospital Association

2018 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 healthcare setting, or in a setting where healthcare services are provided.

AHVRP Member-at-Large \$50

Individual members who are volunteers or Auxiliaries in a healthcare 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 Healthcare 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 Healthcare 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 AVHRP 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.

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)? _____