Alabama Society of Directors of Volunteer Services

ALSDVS Membership

Annual Dues
Active: \$30
Emeritus: \$15

Membership Qualifications

Membership in this Society shall be open to those individuals employed by healthcare institutions. These individuals must be recognized as having major and continuing responsibility for the volunteer services programs.

Emeritus Membership

This membership is open to all retired DVSs who were employed by health care institutions for a fee of \$15, one-half of the regular membership fee.

Application

I hereby make application for membership in the Alabama Society of Directors of Volunteer Services. Please submit the following information for consideration.

Please print or type:				
Name:	Title:		Date:	
Business Phone:	Home Phone:			
Health Care Institution	:		Fax #:	
Business Address:				
Home Address:				
	Full-time: I	Part-time:	Retired:	-
#Volunteers:	#Adults:	_#Teens:	#Interns:	#Others:
Position reports to:			Title:	
Length of time as Volu	nteer Service Admi	nistrator:		
Other areas of responsi	bility:			
Please check area of in	terest in which you	would be will	ing to serve as a	Society Board member:
Education:	Newsletter:	Public	ity: Nomin	ating:
Historian:	_ Camellia Award:	Executiv	ve Board: D	istrict Rep:
Remittance of \$30 men applicant may be admit dues will be billed in Ju	ted to membership		1 *	nis application. An remittance of dues. Annual
Make checks payable to	o: ALABAMA SC	CIETY OF D	IRECTORS OF	VOLUNTEER SERVICES
Mail completed application and membership dues to: Visit www.alaha.org/alsdvs.j		•	Alabama Hospital Association Attn.: Debra Stuckey 500 North East Boulevard Montgomery, Ala. 36117	
	visii www.aiana.o	rg/aisavs foi	r more injorma	uon.