ASSOCIATION OF FLORIDA HEALTHCARE AUXILIARIES/VOLUNTEERS, INC.
MEMBERSHIP DATA ENTRY FORM

Complete this form for a new member or changes in current member information.
Return to: Sherry King, AFHAV Secretary, 1695 Highway 98 West #303, Mary Esther, FL 32569 **Email:** sheking@aol.com

Auxiliary / Volunteer Group Information Below:			
Name of Auxiliary / Volunteer Group:			
AFHAV District (Check One) ☐ East Central ☐ Northeast ☐ Northwest ☐ South ☐ West Central			
Month You Change Officers: _____	Total # of Volunteers _____	TAV (Check One): ☐ Yes ☐ No	
Name of President / Auxiliary Leader:			
Address:		City and Zip:	
Email:	Phone:	Cell:	
Name of President Elect or 1st Vice President (Specify Title):		Phone:	
Gift Shop Manager:		Newsletter Editor:	
Any other information about your auxiliary or volunteer group you would like to share with AFHAV:			

Health Care Facility Information Below:			
Hospital Name:		Mailing Address:	
Physical Address:		City and Zip:	
Hospital Phone:	Fax:		
Type of Hospital (Check One) ☐ NP (Not for Profit) ☐ IO (Investor Owned) ☐ Government		Number of Beds _____	
Name of CEO, Administrator, President (Specify Title):			
Name of DVS, Liaison, Coordinator, Manager (Specify Title):			
Email:	Phone:	Fax:	

Date: _____ Name of Person Completing this Form: _____

Contact Information: _____

Revised: April 2017