



Membership Registration 2012

\$75 per year ACTIVE

Renewal

\$10 per year INACTIVE

New

Transfer: _____
(Transfer from current membership)

CHDVS dues are payable by November 1, 2011. New members joining after September 1, 2011 will be credited for the ensuing year. (Dues are not refundable, but are transferable.)

Date: _____

Name _____
(First) (Middle Name/Initial) (Last)

Your Title _____ Birthday _____

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Fax _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Photo (New members, please attach a photograph via email)

Please return completed form & check made out to CHDVS to:

**Stacey Jackson – CHDVS Treasurer
Volunteer Coordinator
Longmont United Hospital
Volunteer Services
1950 Mountain View Avenue
Longmont, CO 80501
Phone: (303) 702-5749 Fax: (303) 678-4851
sjackson@luhcares.org**

For Office Use Only:	
<input type="checkbox"/> Membership	
<input type="checkbox"/> President _____	
<input type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Newsletter	
<input type="checkbox"/> Other	