



Council on Volunteer Services/Georgia Health Care

**ANNUAL DUES NOTICE
2025-2026**

<u>Number of Beds</u>	<u>Amount of Dues</u>
1 to 25	\$ 25.00
26 to 50	\$ 75.00
51 to 100	\$ 100.00
101 to 250	\$ 150.00
251 and up	\$ 200.00

Dues are payable November 1, 2025, and will become delinquent December 31, 2025.

Please circle the number of beds in your hospital and the amount of your dues. Please complete all the information below and return with your check for dues. Make a copy of this form for your records. Thank you.

Volunteer Services Name: _____

Hospital Address: _____

Phone Number: _____

Volunteer Services President: _____

Address: _____

Phone: _____ **Cell:** _____ **Email:** _____

Term of Office: _____ **to** _____

mm/year

mm/year

Make check payable to **COVS** and mail to **COVS** Treasurer: Sue Stephenson

114 Lake Eagle Drive

Thomasville, GA 31792

Amount of check \$ _____ Check # _____ Date of check _____

District: _____

