



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: _____

