Council on Volunteer Services/Georgia Health Care

**ANNUAL DUES NOTICE**
**2025-2026**

| Number of Beds | Amount of Dues |
|---|---|
| 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, 2024, and will become delinquent December 31, 2024.

**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 Dr.
Thomasville, GA. 31792

Amount of check $ _____ Check #_____ Date of check_____
District:_____