Council on Volunteer Services
Georgia Health Care

Application for COVS/GHC Membership

Volunteer Service Group Name _____

President _____

Address _____

Phone _____ Email _____

Vice President/President Elect _____

Hospital Name _____

Hospital Address _____

Hospital Phone _____ Number of Hospital Beds _____

Name of Administrator/CEO _____

Dues are mailed with application and paid annually thereafter.

Number of Beds	Dues Scale
1-25	$25.00
26-50	$75.00
51-100	$100.00
101-250	$150.00
251 and over	$200.00
	Amount Enclosed $_____

Make check payable to: Council on Volunteer Services/Georgia Healthcare.
Mail form with dues payment to:
Peggy Beauvais
48 Cypress Trail
Lakeland, GA. 31635
Beauvais5@msn.com