

ASDVS MEMBERSHIP APPLICATION
(Membership is by individual and **is not** transferable.)

NAME: _____

TITLE: _____

HOSPITAL/INSTITUTION: _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

TELEPHONE # _____ FAX# _____

E-MAIL ADDRESS: _____

AREAS OF EXPERTISE: _____

AREAS OF INTEREST: _____

SIGNATURE DATE

MAKE CHECK PAYABLE TO: ASDVS
Arkansas Society of Directors of Volunteer Services

MEMBERSHIP FEE: \$80 (Includes \$25 AHA personal membership fee)

RETURN FORM AND CHECK TO: Anna Sroczyński
Administrative Assistant
Arkansas Hospital Association
419 Natural Resources Drive
Little Rock, Arkansas 72205
(501)224-7878
asroczyński@arkhospitals.org

MEMBERSHIP APPLICATION

**Arkansas
Society of
Directors of
Volunteer
Services**

A member of the



Thank you for your interest in the Arkansas Society of Directors of Volunteers Services (ASDVS). We hope that you find this brochure helpful.

Membership

Membership offers reduces rates for ASDVS workshops, active networking throughout the year, communication with peers who share common goals and concerns, in addition to a personal membership in the Arkansas Hospital Association.

Benefits

- Personal Membership in the Arkansas Hospital Association
- Quarterly *Arkansas Hospital* Magazine
- Biannual Education Programs
- Liaison with regional groups (AHA & Southern Directors of Volunteer Services in Healthcare Organizations)
- Ability to vote and participate in ASDVS
- Professional Contacts and Networking
- List Serve
- Membership Directory

Throughout the year, ASDVS holds educational conferences and networks through email. To become a member of this organization, please fill out the membership form on the back page and send it to the contact listed at the bottom of the form. For any questions, please contact Anna Sroczynski by phone at 501-224-7878 or through email at asroczynski@arkhospitals.org. Thank you!