



NCADVS

Northern California Association of Directors of Volunteer Services

NCADVS 2010 MEMBERSHIP DUES INVOICE

Amount Due: \$50.00

For NCADVS membership January 1, 2010 – December 31, 2010. Dues are payable January 1 of each year and shall be delinquent and membership terminated for non-payment by February 15.

NAME:

TITLE:

HOSPITAL:

ADDRESS:

CITY: ZIP:

PHONE: FAX:

EMAIL:

MEMBER TYPES: A=Currently Active – Full membership, S= Sustaining Membership, retired or former NCADVS member and affiliated group members, H= Honorary- awarded to individuals meeting established criteria.

Your NCADVS membership is for:

- New Member**
- Active Member**
- Sustaining Member**
- Honorary Member (no dues payment necessary)**

To assist us in maintaining an accurate membership record please verify the following

- Retired, do not plan to renew membership**
- Do not plan to renew membership**

(Reason: _____)

Please Note: Ask that your name be included on your check so that your payment can be properly documented.

Please make check for Annual Membership payable to NCADVS.

Return check and dues invoice to: Catherine Bildhauer, Volunteer Coordinator, Volunteer Services, California Pacific Medical Center, P.O. Box. 7999, San Francisco, CA 94120