



**NCADVS**

*Northern California Association of Directors of Volunteer Services*

**NCADVS 2009 MEMBERSHIP DUES INVOICE**

**Amount Due: \$50.00**

*For NCADVS membership January 1, 2009 – December 31, 2009. 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.

**Make check for Annual Membership payable to NCADVS.**

**Return check and dues invoice to:** Carol Costere, Coordinator, Volunteer Services  
Dominican Hospital, 1555 Soquel Drive, Santa Cruz, CA 95065