

Lourdes Auxiliary Membership

General / Senior Membership

Please complete and check the appropriate boxes.

Please note: Your information will be printed in the directory exactly as it appears on this form.

Check here if you **do not** wish to be included in the Auxiliary Directory

- | | | |
|-----------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> No Title | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. |
| <input type="checkbox"/> Miss | <input type="checkbox"/> Dr. | <input type="checkbox"/> Ms. |

Name: _____

Address: _____

Phone: () _____

Email: (optional) _____

Name of Spouse/Title: _____
For use on invitations

MEMBERSHIP LEVELS

- | | | | |
|--|---------|--|----------|
| <input type="checkbox"/> General Membership | \$20.00 | <input type="checkbox"/> Lifetime Member | \$150.00 |
| <input type="checkbox"/> Senior Citizen Membership | \$15.00 | | |
- (Those 65 years of age and over)*

PROJECT INTERESTS

I am interested in helping with the following projects:

- | | | |
|---|--|--|
| <input type="checkbox"/> Annual Dinner | <input type="checkbox"/> Employee Appreciation Day | <input type="checkbox"/> Lourdes Ball |
| <input type="checkbox"/> Volunteer Appreciation | <input type="checkbox"/> Spring Luncheon | <input type="checkbox"/> Auxiliary Sales |
| <input type="checkbox"/> Serve on Auxiliary Board | <input type="checkbox"/> Care Bags for Cancer Patients | |

VOLUNTEER OPPORTUNITIES

I would like to volunteer in the hospital in one of these areas:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Gift Shop & Cafe DePaul | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> I am a current volunteer | | |

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Please make checks payable to:
Lourdes Auxiliary

Questions?
Call (607) 798-5213 or (607) 798-5490

Mail this form with your check to:
Lourdes Auxiliary
c/o Membership Chair
169 Riverside Drive
Binghamton, NY 13905