WAYNE MEMORIAL HOSPITAL AUXILIARY
MEMBERSHIP FORM

We welcome any person 18 years of age or older to join us.

The purpose of the Auxiliary is to support the Mission of the Wayne Memorial Health System, by providing volunteer services, conducting fundraising events and activities, and helping to enhance its public image.

(Please print)

NAME: ______________________________________ PHONE: __________________________

ADDRESS: _______________________________________ CITY: __________________ STATE: _____

ZIP CODE: ___________________ EMAIL: __________________________________________

OCCUPATION (CURRENT OR PREVIOUS): __________________________________________

PLEASE SELECT THE WAYS YOU WANT TO CONTRIBUTE TO THE AUXILIARY AND BE A MEMBER “IN GOOD STANDING”:

SPECIAL EVENTS: 
_____ Mistletoe Ball
_____ Bingo Event
_____ Concert
_____ Tricky Tray

FUNDRAISING ACTIVITIES:
_____ Thrift Shops
____ Honesdale
_____ Hawley
_____ Hospital Gift Shop

_____ Christmas Bake Sale

_____ VENDOR SALES
(vendor sale events at Hospital)

_____ HOSTESS (Membership Dinners)

_____ COMPUTER/DATA SERVICES

_____ HOLIDAY LOVELITES

_____ NEWSLETTER

For more information about these projects, contact our membership Chairperson: Joan Buehl, 570-226-9750

DUES: $5.00 ANNUALLY (Payable from September 1 through December 31) Members in arrears two years will be dropped from Auxiliary membership.

DATE: ____________________ APPLICANT’S SIGNATURE: __________________________

Please send completed form along with dues (check payable to WMHA). Include a self-addressed stamped envelope