

**WAYNE MEMORIAL HOSPITAL AUXILIARY
MEMBERSHIP FORM**

We welcome any person 21 years of age or older to join us.

(Please Print)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CELL PHONE: _____

OCCUPATION (CURRENT OR PREVIOUS) _____

COMMUNITY MEMBERSHIPS/VOLUNTEER EXPERIENCE/ PROFESSIONAL
ORGANIZATIONS: _____

SKILLS/HOBBIES/CRAFTS/SPECIAL INTERESTS: _____

Auxilians work on several projects each year. Please check those you would be interested in helping with.

VENDOR SALES

- ☐ Jewelry Sale
- ☐ Uniform Sale
- ☐ Linen Sale
- ☐ Chocolate Sale

FUNDRAISERS

- ☐ Mistletoe Ball
- ☐ Concert Committee
- ☐ Bus Trips
- ☐ Attic Treasures
- ☐ Christmas Cookie Sale
- ☐ New to You Christmas
Boutique

SHOPS

- ☐ Gift Box *
- ☐ Other Shop, Honesdale
- ☐ Other Shop 2, Hawley

OTHER EVENTS

- ☐ Meeting Hostess
- ☐ Holiday Lovelites
- ☐ Newsletter

* Please note the Gift Box will close temporarily November 2017 due to construction at Wayne Memorial Hospital.

Questions or for more information about any of these projects, please contact:

Joan Buehl 570-226-9750 joaneb@ptd.net
Carol Sturm – 973-513-3634 – clsturm@echoes.net

Dues: \$5.00 annually (Payable from September 1 through December 31. (Members in arrears for two years will be automatically dropped from the Auxiliary membership)

DATE: _____ APPLICANT SIGNATURE: _____

Please send completed form along with dues (make check payable to Wayne Memorial Hospital Auxiliary). Please enclose a self addressed stamped envelope to receive your Auxiliary Directory.

To: Joan Buehl
506 Covered Bridge Drive
Lakeville, PA 18438
joanb@ptd.net