

**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): \_\_\_\_\_

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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

\_\_\_\_ **VENDOR SALES**

(vendor sale events at Hospital)

\_\_\_\_ **COMPUTER/DATA SERVICES**

**FUNDRAISING ACTIVITIES:**

- \_\_\_\_ Thrift Shops
- \_\_\_\_ Honesdale
- \_\_\_\_ Hawley
- \_\_\_\_ Hospital Gift Shop
- \_\_\_\_ Christmas Bake Sale
- \_\_\_\_ Holiday LoveLites

\_\_\_\_ **HOSTESS (Membership Dinners)**

\_\_\_\_ **NEWSLETTER**

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

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**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