



The expertise you need. The personal care you want.

*Auxiliary*

## Membership Enrollment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

If you'd prefer to receive your meeting agenda by email, provide your email for our records.

Email Address: \_\_\_\_\_

### Membership Status

\_\_\_ Lifetime Member - Dues **\$50.00**

Lifetime members - Pay membership dues only once.

\_\_\_ Active Member - Dues **\$5.00**

Active members - Pay membership dues annually and help with various activities, such as baking, phone calling, volunteering for different events, etc.

\_\_\_ Supporting Member - Dues **\$10.00**

Supporting members - Pay membership dues annually and do not help with various activities.

### Areas of Interest

(Please check any you would be interested in helping with; those in with \* are in need of help.)

	Yes	No		Yes	No
Bake Sale	<input type="checkbox"/>	<input type="checkbox"/>	Scholarship Program	<input type="checkbox"/>	<input type="checkbox"/>
Donate Money	<input type="checkbox"/>	<input type="checkbox"/>	Special Projects	<input type="checkbox"/>	<input type="checkbox"/>
Phone Calling	<input type="checkbox"/>	<input type="checkbox"/>	Vending Machine	<input type="checkbox"/>	<input type="checkbox"/>
Potato Bars	<input type="checkbox"/>	<input type="checkbox"/>			

Other, please list: \_\_\_\_\_

**THANK YOU!** For joining the GCH Auxiliary

Return forms and payment to Heather Martens, GCH Auxiliary - Membership Chair  
Guthrie County Hospital  
710 N 12<sup>th</sup> Street  
Guthrie Center, IA 50115

Make check payable to: GCH Auxiliary