WMC Auxiliary New Membership Form

Thank you for your interest in joining the Winchester Medical Center Auxiliary. The mission of the Winchester Medical Center Auxiliary is to serve as an extension of Winchester Medical Center in the promotion and improvement of the general health of the community through education, service and goodwill. The Auxiliary sponsors several projects: free daily newspapers for patients, two Hospital Gift Shops, Clothes Closet, Children's Activity bags for the Emergency Room, Attic Thrift Shop, Animal Assisted Therapy, Hurst Hospitality House, Lights of Love and Nursing Scholarships

Please fill out this form and return to the Volunteer Office with your dues.

Forms and dues received after May 31 will not be included

in this year's Membership Directory.

PRINT NAME			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE			
E-MAIL			
I would like to receive	ve information and updates	by email. Yes	No
EMERGENCY CONTACT		Relationshi	p
TELEPHONE NUMBER			_
MEMBERSHIP TYPE:			
☐ Active - \$10.00 — (Volument of the WM)	-	e of 2 hours per m	nonth and/or participates
☐ Associate - \$15.00 (Inte	rested in the Auxiliary, bu	ıt unable to volur	nteer)
Referred by:			
I understand and approve t	hat the above information r	may be placed in t	he Auxiliary handbook.
SIGNATURE		DΔTF	