



St. John's Auxiliary

2020 Membership Form

Name: _____ Spouse's Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City, State: _____ Zip: _____ Birth Date (Month & Day): _____

Active Member \$25

- ~ Attend Monthly meetings
- ~ Serve on a committee
- ~ Support fundraisers

Social Member \$50

- ~ Attend meetings when possible
- ~ Support fundraisers

Patron Member \$250

- ~ Attend meetings when possible
- ~ Support fundraisers

Volunteer for a Project / Event

(Place a check mark next to those you are interested in)

_____	First Baby of the New Year	December through first of January
_____	Golf Tournament	First of June through September
_____	Host an Auxiliary Social	Throughout the year, at your convenience
_____	Living Center Christmas Party	Mid December
_____	Living Center Tea / prepare treats	Through-out the year (3 dozen cookies)
_____	Social Committee	On-going, year round
_____	Scholarship Committee	March through April
_____	Spring Fling	February through end of May

- **Lunch meetings are held the first Thursday of January, February, April, May, July, August, October, and November at 12:00 noon at St. John's Medical Center**
- **Evening Socials are held first Thursday of March, June, September, and December**

Please mail this form with your dues to:
 St. John's Medical Center Auxiliary
 P.O. Box 2712
 Jackson, WY 83001

Thank you for your support of St. John's Medical Center Auxiliary!

For Office use only:

Mentor assigned
 Contact entered member tracker
 Email groups updated