



## 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