



2017 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)

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

- **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