



HOWARD COUNTY GENERAL HOSPITAL VOLUNTEER AUXILIARY

MEMBERSHIP APPLICATION FORM

Join us! Please complete the membership application form below.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Areas of Interest: Please check your area of interest:

- | | |
|---|---|
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Holiday Gift Wrap at
the Mall in Columbia | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> Sales (Cookbook) | <input type="checkbox"/> Administration Work in the Auxiliary |
| <input type="checkbox"/> Other (Please specify): _____ | <input type="checkbox"/> Leadership Position |

Annual Membership Dues: \$35.00

Membership benefits include:

- ✓ Complimentary Flu Vaccine
- ✓ Discounts at the Right Touch Gift Shop
- ✓ Discounts at the Hospital Cafeteria
- ✓ Annual Luncheon
- ✓ And More!

Please charge my dues to the following credit card:

- | | |
|---|--|
| <input type="checkbox"/> American Express | Name on Card: _____ |
| <input type="checkbox"/> VISA | |
| <input type="checkbox"/> MasterCard | Card Number: _____ |
| <input type="checkbox"/> Discover | |
| | Expiration Date: _____ Billing Zip code: _____ |

Make checks payable to *Howard Hospital Foundation*. Please mail this form with your payment to the address below.
If paying by credit card, you may fax this form to the number below or attach in an email to the address below.
For any questions or further information, please call 410-740-7840. Thank you.