

MEADVILLE MEDICAL CENTER AUXILIARY
APPLICATION FOR MEMBERSHIP

Date _____
Phone No. _____
Cell No. _____
E-mail _____

Last Name *First Name*

Address _____

Occupation _____

Previous work experience _____

Experience as a volunteer _____

Are you interested in volunteering? _____ If so, where: _____ in Hospital _____ Gift Shop
_____ Coffee Shop _____ Special Projects (Children's Health Fair, Follies, other)

Would you prefer occasional volunteering such as helping with the merchandise sales (jewelry, leather, linen, candy, uniforms etc.) or decorating MMC at Christmas? _____

What are your other areas of interest, if any? _____

Annual dues are \$10.00 for Active Members, \$15.00 for Associate Members, and no fee for Emeritus Members (over 80 years of age). Dues must accompany each application. Dues paid by those joining in September through December will be applied to the first full year of membership (Jan-Dec.).

Please complete the application and make a check payable to **MMC Auxiliary** and return to:

Sandy Howick, 11203 Williamson Road, Meadville, PA 16335-8121 phone: (814) 333-6178

If you are interested in becoming a hospital volunteer, please contact Jackie Leshner, Marketing Director, at 814-333-5700 for orientation and scheduling.