

Winneshiek Medical Center

Auxiliary

Membership Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Membership Options

Please check your choice

- ACTIVE MEMBER \$5**
- INACTIVE MEMBER \$10**
- LIFE MEMBER \$100**
 - Active Inactive
- GIFT MEMBERSHIP \$10**

Gift Membership for:

Name: _____

Address: _____

Interests

Check all that apply

- Information Desk
- Gift Shop
- SHIIP
- Cafeteria Cashier
- Gardening
- Special Event Volunteers - please list:
- Hospice Bouquets
- Sewing/Knitting
- Occupational Health Clinics
- Auxiliary Board

Winneshiek Medical Center

Auxiliary

Membership Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Membership Options

Please check your choice

- ACTIVE MEMBER \$5**
- INACTIVE MEMBER \$10**
- LIFE MEMBER \$100**
 - Active Inactive
- GIFT MEMBERSHIP \$10**

Gift Membership for:

Name: _____

Address: _____

Interests

Check all that apply

- Information Desk
- Gift Shop
- SHIIP
- Cafeteria Cashier
- Gardening
- Special Event Volunteers - please list:
- Hospice Bouquets
- Sewing/Knitting
- Occupational Health Clinics
- Auxiliary Board

Winneshiek Medical Center

Auxiliary

Membership Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Membership Options

Please check your choice

- ACTIVE MEMBER \$5**
- INACTIVE MEMBER \$10**
- LIFE MEMBER \$100**
 - Active Inactive
- GIFT MEMBERSHIP \$10**

Gift Membership for:

Name: _____

Address: _____

Interests

Check all that apply

- Information Desk
- Gift Shop
- SHIIP
- Cafeteria Cashier
- Gardening
- Special Event Volunteers - please list:
- Hospice Bouquets
- Sewing/Knitting
- Occupational Health Clinics
- Auxiliary Board
