Alice Hyde Medical Center Auxiliary

MEMBERSHIP FORM

Name _____

Address _____

_____

Phone _____

Email _____

- ❑ I would like to volunteer

  Check if interested in volunteering:

  - ❑ Medical Center Volunteer
  - ❑ Fundraiser
  - ❑ Mr. Yuk - Poison Prevention Program
  - ❑ Bake Sales
  - ❑ Phoning
  - ❑ Medical Center Tours
  - ❑ Auxiliary Board

- ❑ I would like to be an inactive member

Please print this form, fill it out, and mail with $10 annual membership fee to:

Bev Marsden, Membership Chairperson
AHMC Auxiliary
33 Miner Road
Malone, New York 12953