

MEMBERSHIP FORM

ALICE HYDE MEDICAL CENTER AUXILIARY

Name _____

Address _____

Phone _____

Check if interested in volunteering:

- Medical Center Volunteer
- Fall Fundraiser
- Rose Day
- Mr. Yuk - Poison Prevention Program
- Bake Sales
- Phoning
- Medical Center Tours
- Auxiliary Board Member

- Inactive Member

Please print this form, fill it out, and
mail with \$5.00 membership fee to:

Kathy Evans, Membership Chairperson

Alice Hyde Medical Center Auxiliary

138 College Avenue

Malone, NY 12953