



AUXILIARY

**Membership Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please choose your volunteer status preference:**

\_\_\_ I would like to be **Active**    **OR**    \_\_\_ I prefer to be **In-Active**

**Please check all areas you are interested in volunteering & supporting:**

- Hospital Volunteer** (numerous opportunities available in multiple departments)
- Gift Shop Volunteer** (cashier, maintaining records and inventory)
- Hospital Tours** (Teddy Bear Clinic)
- Fundraising** (support the work for raffles, bake sales and other fundraising events)
- Scholarships** (support the distribution, collection and review of applications)
- Community Outreach and Healthcare Advocacy** (support outreach programs and share information on NYS healthcare/legislative activities)
- Membership Communication** (provide updates to members by phone, email or social media and help keep up to date records of contacts)
- Marketing** (help prepare social media, newspaper and online advertising)

**Please make checks payable to Alice Hyde Medical Center Auxiliary and mail this form, with your \$15 annual membership fee to: The UVM Health Network – Alice Hyde Medical Center Auxiliary - 133 Park Street - Malone, New York 12953**

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