

Goodall-Witcher Healthcare Auxiliary

P.O. Box 549 • Clifton, TX 76634 • 254-675-8322

Membership Application

Name: _____ Birthday (mm/dd): ___/___

Address: _____ City/Zip: _____

Phone: Day _____ Evening _____ Cell _____

E-Mail: _____

Please select the committee(s) you wish to serve on:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Blood Drive | <input type="checkbox"/> Telephone | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Jr. Volunteer | |

Please indicate the type of experience you would like to have:

- | | |
|--|---|
| <input type="checkbox"/> Patient Contact | <input type="checkbox"/> Hospitality Cart |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Other _____ | |

Membership Dues:

- Lifetime \$100** (one time) – The member who takes an active or inactive part in the activities of the auxiliary. The member is given special recognition on the Lifetime Membership plaque which is displayed at the hospital.
- Sustaining \$25** (annual) – The member who desires to belong to the Auxiliary, but is unable to take part in any activities.
- General/Active \$5** (annual) – The member who can work at the hospital and related projects of the Auxiliary.
- Donation \$** _____

Please complete the application and send with a check or money order for dues to:

Goodall-Witcher Healthcare Auxiliary
P.O. Box 549
Clifton, TX 76634