



MEMBERSHIP APPLICATION

The mission of the Auxiliary is to render service to Garnet Health Medical Center("GHMC") patients and to assist GHMC in promoting the health and welfare of the community. This organization exists exclusively for charitable purposes.

Please print clearly:

LAST NAME _____ **FIRST NAME** _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ **CELL PHONE** _____

SPOUSE / PARTNER NAME _____

E-MAIL _____

Please tell us about yourself:

Why are you interested in becoming a member of the Garnet Health Auxiliary?

Do you have any specific skills that you would like to share with us/prefer to help with?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Handcrafts / Sewing / Knitting | <input type="checkbox"/> Time (to assist the Auxiliary) |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Patient related | <input type="checkbox"/> Other (please specify below) |

Signature of Applicant _____

Date _____

Please mail this form to: Garnet Health Auxiliary / Foundation Office
707 East Main Street
Middletown, New York 10940