

LAKE DISTRICT HOSPITAL AUXILIARY

APPLICATION AND SERVICE PREFERENCE SHEET

Date: \_\_\_\_\_ New Member \_\_\_Y/N Renewal \_\_\_Y/N  
 Year Joined \_\_\_\_\_  
 Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Address \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Cell/Phone: \_\_\_\_\_  
 Home/Phone: \_\_\_\_\_ Work/Phone: \_\_\_\_\_

.....  
 \_\_\_ Regular Member: \$5.00 per year  
 \_\_\_ Life Member - \$100.00 Paid One Time Only  
 \_\_\_ Golden Member No Longer Availably. Members already Golden will be grandfathered in  
 Dues payable in September. Please make check payable to Lake District Hospital Auxiliary - LDHA  
 \_\_\_ I would like Smock or Apron Size \_\_\_ Regular \_\_\_ Large \_\_\_ Extra Large

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Services

I am willing to chair the \_\_\_\_\_ Committee  
 \_\_\_Y/N I want to be called to attend monthly meetings

Please circle the services you wish to volunteer for:

| Member Services | Hospital Services | Fund Raising | Community Outreach    |
|-----------------|-------------------|--------------|-----------------------|
| Membership      | Magazines & Books | Holiday Fair | Daly Fair             |
| Hours           |                   | Game Party   | Red Cross Blood Drive |
| Newsletter      |                   | Gift Shop    |                       |
| Orientation     |                   |              |                       |
| Publicity       |                   |              |                       |
| Smocks/Apron    |                   |              |                       |
| Sunshine        |                   |              |                       |
| Telephone       |                   |              |                       |

Please return to hospital CEO Assistant for Processing. Welcome to The Auxiliary!!