

Auxiliary Membership Application

First Name: _____ Last Name: _____

Home phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ + _____

Spouse's First Name _____ Spouse's Last Name _____

How did you hear about Christian Hospital? _____

Please check all your interests:

- Addressing envelopes
- Answering Phones
- Joining Craft Groups
- Quilting
- Selling Tickets
- Staffing Resale/Consignment Shop/Gift Shop
- Staffing Sales Events
- Volunteering

Please check one:

- This is a new membership.
- This is a membership renewal.

Signature

Date

Mail this completed application with a check or money order for your \$5 annual dues payable to Christian Hospital Auxiliary to:
Christian Hospital
Attention: Auxiliary President
11133 Dunn Road
Suite 11-110
St. Louis, Missouri 63136