

**LAKE DISTRICT HOSPITAL AUXILIARY  
APPLICATION AND SERVICE PREFERENCE SHEET**

(Rev. 8/97)

DATE: \_\_\_\_\_

NEW MEMBER       RENEWAL

NAME: \_\_\_\_\_

SPOUSE \_\_\_\_\_  
(IF APPLICABLE)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

YEAR JOINED \_\_\_\_\_  
(IF YOU CAN'T REMEMBER, ESTIMATE)

WORK PHONE: \_\_\_\_\_

**DUES AND MEMBERSHIP**

\_\_\_\_\_ REGULAR ACTIVE MEMBERSHIP - \$5.00 PER YEAR  
(MINIMUM OF 20 HOURS SERVICE PER YEAR, PIE AND HOMEMADE CRAFT FOR HOLIDAY FAIR)

\_\_\_\_\_ CONTRIBUTING MEMBERSHIP - DUES \$15 PER YEAR  
(NO HOUR REQUIREMENT, PIE AND HOMEMADE CRAFT FOR HOLIDAY FAIR)

\_\_\_\_\_ LIFE MEMBER - DUES \$100.00 PAID ONE TIME ONLY  
(MAY BE ACTIVE \_\_\_\_\_ OR CONTRIBUTING \_\_\_\_\_)

\_\_\_\_\_ GOLDEN - NO DUES IF MIN 75 YRS. OLD AND MEMBER MIN 10 YRS.  
(OPTIONAL - MAY CONTINUE ACTIVE OR CONTRIBUTING MEMBERSHIP - DOB \_\_\_/\_\_\_/\_\_\_)

\_\_\_\_\_ I WOULD LIKE TO ORDER A SMOCK.    SIZE \_\_\_\_\_ (cost \$16.00)  
(S,M,L,X1,X2,X3)

Please make check(s) payable to - Lake District Hospital Auxiliary.

**SERVICES**

\_\_\_\_\_ I AM WILLING TO CHAIR THE \_\_\_\_\_ COMMITTEE.

\_\_\_\_\_ I WANT TO BE CALLED FOR ATTENDING THE MONTHLY BOARD MEETINGS.

\_\_\_\_\_ I PREFER THE FOLLOWING SERVICES:    (Refer to the key below and list interests by code symbol)

KEY

MEMBER SERVICES:	HOSPITAL SERVICES:	FUNDRAISING:	COMMUNITY OUTREACH:
MH - MEMBERSHIP	SO - ORIENTATION	FB - BOOTH SELLING ITEMS	CB - BABY BONNETS
MI - HOURS	SB - BINGO/BIRTHDAY PARTIES	FC - WEEKLY CRAFT MEETINGS	CM - MATERNITY
ML - LUNCHEONS	SC - COOKIES FOR PATIENT PARTIES	FD - DECORATIONS	CR - RED CROSS BLOODMOBILE
MN - NEWSLETTER	<del>SF - FLOWERS</del>	FK - KITCHEN WORK	CS - SEWING BABY ITEMS
MP - PUBLICITY	SJ - JUICE SERVERS	FS - SET-UP	
MB - SCRAPBOOK	SS - SMOCKS	FT - SELL RAFFLE TICKETS	
MS - SUNSHINE	SM - MAGAZINES	FW - CLEAN-UP	
MT - TELEPHONE	ST - TRAY FAVORS	FG - GAME PARTY	