

Auxiliary Membership Form

The Auxiliary raises funds for Suburban Hospital. All members receive notices of meetings and special events, the newsletter, and a directory of members. Each membership year ends on December 31. Dues renewal notices are mailed early in January. If you have questions, please call the Suburban Hospital Volunteer Office at 301.896.3092.

Please print or type your name and address as you would like it printed in the directory.

Last Name _____ First _____ Mr ___ Mrs ___ Ms ___ Miss ___

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Spouse's name (if married) _____ Please list special interests, skills, or hobbies:

1. _____ 2. _____ 3. _____

The auxiliary sponsors several fundraisers each year. If you would like to serve on any of the following committees, please check the appropriate box:

- Golf and Tennis Tournament (September)
- Dinner Dance (March or April)
- Special one-day sales events at the hospital (with Volunteer Services)

MEMBERSHIP CATEGORIES

Lifetime	\$200 _____	(may be paid in two \$100 installments)
Patron	\$25 _____	
Supporting	\$15 _____	
Active	\$15 _____	<i>(Active members are those who volunteer at Suburban Hospital or the Montgomery County Thrift Shop.)</i>

Please make check payable to Suburban Hospital Auxiliary. Mail this completed form and payment to:
Suburban Hospital Auxiliary
c/o Volunteer Services
8600 Old Georgetown Road
Bethesda, MD 20814

If you are currently an active hospital volunteer, please list the department(s) for which you volunteer: _____. If you are not presently a volunteer for Suburban Hospital, call the Volunteer Office at 301.896.3092.