New Ulm Medical Center Auxiliary 2014

"Where serving is a tradition"

Membership Year: January 1, 2014 to December 31, 2014

Membership Information and Renewal Form

- We value your membership in our organization.
- Membership is open to all men and women.
- We meet as a group annually in the fall.
- Funds we raise benefit New Ulm Medical Center.

Dues: _____ Donation: ___

***Membership will be dropped if annual dues are not paid by M	Check Cash
Name	☐ Enclosed are my <u>\$10.00 annual dues</u> .
Spouse	
Address	to make to the Auxiliary.
City State Zip	PLEASE RETURN THIS ENTIRE FORM
Day Phone	Thank you for your support and dedication to the
Evening Phone	New Ulm Medical Center Auxiliary.
Email	
Best time to call me: a.m	
Here's h	ow I can help this year:
1. I'll be a NUMC volunteer (to be conta	cted by the NUMC volunteer coordinator after January 1):
☐ Mornings 8:00 AM – Noon	☐ Afternoons 12:00-4:30 p.m.
2. I'm willing to serve on one of the follo	ving auxiliary committees:
☐ Auxiliary Board Member (please ca	Il me to talk more about these opportunities)
 President 	
 Vice-President 	
 Member at Large 	
 Various Committees 	
3. I will offer my time and talents for the	following special projects this year:
☐ Bake Sales	Masquerade Jewelry Sale
☐ Fluff 'N Puff Pillow Cleaning	Annual Meeting Planning
□ Other fundraisers throughout the y	ear

THANK YOU for taking the time to complete this form!

Please drop off this **ENTIRE** form at the Coffee and Gift Shop or mail to:

New Ulm Medical Center Auxiliary - Membership, 1324 5th North Street, New Ulm, MN 56073