



MYRTUE
Medical Center

Auxiliary

MEMBERSHIP FORM

There are many opportunities available to volunteer and make a difference in our community.

NAME _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____

Please list your areas of interest (Bazaar Event | Companionship | Gratitude Gifts Unique Boutique Gift Shop | Newborn Stocking Caps | P.O.P. Tours | Scholarship Opportunities | Tree Of Lights | Retired Senior Volunteer Program [RSVP]):

MEMBERSHIP DUES

- ANNUAL: \$10 _____
- LIFETIME: \$100 _____

*Mail completed form and dues payment to
Myrtue Medical Center Auxiliary, Membership Chairman,
1213 Garfield Ave. Harlan, IA 51537
Or drop off in the hospital Gift Shop*