

Auxiliary at Riverview Healthcare Campus

MEMBERSHIP FORM

\_\_\_\_\_ I wish to become an Auxiliary member at \$10.00 yearly

\_\_\_\_\_ I wish to become a Golden Member at \$5.00 yearly (80 + years old)

\_\_\_\_\_ I wish to become a LIFE member at \$50.00

\_\_\_\_\_ Mail newsletter

\_\_\_\_\_ E-mail newsletter \_\_\_\_\_ e-mail address

Name \_\_\_\_\_ Phone no. \_\_\_\_\_

Address \_\_\_\_\_ Is this a new address? \_\_\_\_yes \_\_\_\_no

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*If the date on the address label is circled in red- your dues are now due for 2018. All dues are payable by January 30th.

Seasonal away date \_\_\_\_\_ to \_\_\_\_\_.

Please make checks payable to: Auxiliary at Riverview

Mail membership form and payment to: Madonna Beard

11520 W. Bier Rd.

Oak Harbor, Ohio 43449

Phone

419-898-0803

Please renew your membership if you haven't already. Remember you can be as active or inactive as you want with this membership.