

Allen Hospital Auxiliary Membership

<input type="checkbox"/>	New
<input type="checkbox"/>	Renewal

Name _____

Address _____

City _____

Zip _____

Telephone _____

E-Mail _____

_____ **Active Membership \$15**
Will provide active volunteer service and eligible to hold office.

_____ **Associate Membership \$15**
Current Allen employee.

_____ **Patron Member \$35**
Will provide financial, but not active volunteer support; eligible to hold office and serve on committees. I will make an annual contribution of \$35 or more.

_____ **Lifetime Member \$125 (one time)**
All same privileges as active and patron members.

_____ Today's Date

Paid by:	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____
<input type="checkbox"/>	Payroll Deduction I.D.Number _____
_____ Signature (for payroll only)	