

# The Kirby Auxiliary Want to Become a Member?

## COMPLETE OUR APPLICATION AND MAKE A DIFFERENCE TODAY!

**APPLICATION:** I \_\_\_\_\_ hereby make application for membership.  
Print Full Name

I agree to uphold the purpose and the policies of the Auxiliary and the Institution it serves. I understand that my membership is renewed upon payment of annual dues. My check in the amount of \$10.00, made out to The Kirby Auxiliary, is enclosed.

Please check any programs or projects you would like to assist with:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AUXILIARY BOARD MEMBER OR OFFICER | <input type="checkbox"/> EVENT PHOTOGRAPHER       | <input type="checkbox"/> NEWSLETTER/LABELS       |
| <input type="checkbox"/> BLOOD DRIVES                      | <input type="checkbox"/> FUNDRAISING SALES        | <input type="checkbox"/> NOMINATING COMMITTEE    |
| <input type="checkbox"/> BLOOD PRESSURE SCREENING          | <input type="checkbox"/> GIFT SHOP                | <input type="checkbox"/> SCHOLARSHIPS            |
| <input type="checkbox"/> CARD PARTY                        | <input type="checkbox"/> JUNE LUNCHEON            | <input type="checkbox"/> TELEPHONE COMMITTEE     |
| <input type="checkbox"/> CARELINK                          | <input type="checkbox"/> KIRBY DERBY              | <input type="checkbox"/> THRIFT SALE             |
| <input type="checkbox"/> COMMITTEE MEMBER                  | <input type="checkbox"/> KMC GREETER/WELCOME DESK | <input type="checkbox"/> WHERE SERVICE IS NEEDED |
| <input type="checkbox"/> DECORATING HOSPITAL               | <input type="checkbox"/> MEMBERSHIP               |  |



# become a member

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### DUES:

Annual dues of \$10.00 are paid to the membership chairperson during the annual luncheon meeting. In order to be included in the annual publication of the membership listing, all dues must be paid by September of the current year. New members joining after March 1st, having paid their dues, shall be considered paid members for the coming year. Life memberships are \$100.00. Life members need not pay annual dues once life membership is attained.

### PLEASE SEND TO:

Kirby Auxiliary Membership  
1000 Medical Center Drive  
Monticello, IL 61856