



Registering and paying is easy!

Dues are \$15 per person per year.

Membership Form

Fill out the information below and **mail this completed sheet with your check payable to Mid Coast Hospital Auxiliary to:**

Membership

Mid Coast Hospital Auxiliary

121 Medical Center Drive, Box 3, Brunswick, Maine 04011

\$ ____ Total Dues (\$15 per person)

\$ ____ Optional Tax-Deductible Contribution

Contact Information

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Phone: _____

For Active Members

Please check those areas below in which you are currently volunteering or are willing to volunteer:

☐ Bake Sales

☐ Holiday Bazaar

☐ Telephoning

☐ Gift Shop

☐ Special Projects

☐ Mailings

☐ Patient Units

☐ Clerical Support

☐ Spiritual Care

☐ Gardening

☐ Savory Social

☐ Information Desk

Comments and Suggestions: _____
