

Auxiliary Membership Form

Member benefits: 10% off Gift Shop items and copy of newsletters

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please check all areas you are interested in volunteering & supporting:

- Hospital Volunteer** (numerous opportunities available in multiple departments)
- Gift Shop Volunteer** (cashier, maintaining records and inventory)
- Fundraising** (support the work for raffles, bake sales and other fundraising events)
- Scholarships** (support the distribution, collection and review of applications)
- Community Outreach and Healthcare Advocacy** (support outreach programs and information on NYS healthcare/legislative activities)
- Membership Communication** (provide updates to members by phone, email or social media and keep up to date records of contacts)
- Board Member Nominations** (support the recruitment, advertisement and review of new board member applicants)
- Publicity** (help with preparing social media, newspaper and online advertising)
- Auxiliary Board Membership** (commit a minimum of 2 hrs per month to board responsibilities while supporting the mission and programs of the auxiliary)

***Please make checks payable to
The UVM Health Network-Alice Hyde Medical Center Auxiliary***

\$10 annual membership fee enclosed

In addition to membership, I would like to make a tax-deductible donation to support the Auxiliary Fund in the amount of: \$_____

Mail to: The UVM Health Network – Alice Hyde Medical Center Auxiliary, 133 Park Street, Malone, New York 12953