

Alice Hyde Medical Center Auxiliary

MEMBERSHIP FORM

Name _____

Address _____

Phone _____

Email _____

I would like to volunteer

Check if interested in volunteering:

Medical Center Volunteer

Fundraiser

Mr. Yuk - Poison Prevention Program

Bake Sales

Phoning

Medical Center Tours

Auxiliary Board

I would like to be an inactive member

**Please print this form, fill it out, and mail with
\$10 annual membership fee to:**

Bev Marsden, Membership Chairperson
AHMC Auxiliary
33 Miner Road
Malone, New York 12953