



2005 - 2006 Membership Form

Join Us!

We invite you to renew your membership or to become a new member of the Hospital Auxiliary (You do not have to volunteer to be an Auxiliary Member)

A membership fee of \$5.00 is requested, or a larger contribution of the member's choice is appreciated

Name: _____
Address: _____
E-Mail Address _____
Phone: _____ Other: _____

Volunteer Opportunities For You!

Please indicate your interest in volunteering for the following Hugh Chatham Memorial Hospital programs

- _____ The Hospital Thrift Shop on Main Street, Elkin
_____ The Hospital Gift Shop
_____ The Animal Fund at Hugh Chatham Nursing Center
_____ Hugh Chatham Nursing Center
_____ Surgery Information Desk
_____ Hospital Information Desk (main lobby)
_____ Imaging Information Desk
_____ Patient Care Volunteer
_____ Knitting and/or Crocheting (Nursery Caps, Booties, Chemo Caps & Prayer Shawl)
_____ Medication Assistance Program. (Help qualifying patients apply for reduced cost medicine)
_____ Auxiliary Dessertery a the Yadkin Valley Pumpkin Festival
_____ Bake a dessert
_____ Work in booth

Do you have a preference of the day or time? Is yes, please indicate _____