

# PARK RIDGE AUXILIARY, INC.

## MEMBERSHIP FORM

LAST NAME:

FIRST:

MIDDLE INITIAL:

ADDRESS:

HOME PHONE:

CITY:

ZIP:

BUSINESS PHONE:

VOLUNTEER EXPERIENCE AT UNITY:

LENGTH OF SERVICE:

PLEASE INDICATE IF YOU ARE INTERESTED IN VOLUNTEERING IN THE FOLLOWING  
AREAS (CIRCLE):            GIFT SHOP                            GIFT CART

DO YOU WISH TO SERVE ON AUXILIARY COMMITTEES (CIRCLE): YES

NO

MARITAL STATUS (CIRCLE)

SPOUSE NAME:

MARRIED    WIDOWED    SINGLE

As a member of the Park Ridge Auxiliary, Inc., I agree to subscribe to the bylaws and principles of the Auxiliary.

DATE:

SIGNATURE

Please enclose annual dues in the amount of \$12.00 and return to:

PARK RIDGE AUXILIARY, INC.

UNITY HOSPITAL

1555 LONG POND ROAD

ROCHESTER, NY 14626

Or visit the Auxiliary office, located in the main lobby across from the Park Place Gift Shop (at Unity Hospital)