

## SHEPHERD CENTER AUXILIARY MEMBERSHIP APPLICATION

Name (Mr. /Mrs. /Ms.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Phone (work) \_\_\_\_\_

Please indicate your category of membership:

- Active (\$30/year): *I will actively serve on one or more Auxiliary Committees.*
- Associate (\$50/year): *I cannot be active at this time, but want to support the Auxiliary.*
- Life Circle (\$300/one-time payment): *I will actively serve on one or more Auxiliary Committees.*
- Donation \$ \_\_\_\_\_

*Please make checks payable to Shepherd Center Auxiliary.*

Please check the Committee(s) on which you would like to serve:

- Hospitality: *Plan and implement social events.*
- Pecans on Peachtree (Nov/Dec/Feb): *Assist with operations of this premier fundraiser.*
- Sunshine: *Assemble and distribute special items to patients on holidays.*
- Telephone: *Contact members concerning newsworthy events.*
- Mailings: *Assist with addressing envelopes, stuffing and mailing invitations.*
- Special Events: *Assist with new fundraising activities.*
- In-Center Volunteer: *Assist with volunteer opportunities within the hospital.*

Please list special interests/skills:

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Please return your application with payment to:

Shepherd Center  
2020 Peachtree Road NW  
Atlanta, GA 30309  
ATTN: Volunteer Services