

NYACK HOSPITAL AUXILIARY MEMBERSHIP FORM

We invite you to join the Nyack Hospital Auxiliary or renew your membership.
It is a wonderful way to combine community service and camaraderie.

Name _____ Mrs., Ms., Miss., Mr. New Renew
(circle choices)

Address _____

City _____ State _____

Zip _____

Home Phone: _____

Business Phone: _____

E-mail address: _____

Birthday: _____
(day & month only)

I am interested in the following committees: Check your choices.

- Thrift Shop
- Production
- Hospital Volunteer
- Hospitality
- Gift Shop
- Programs/Special Events

Enclosed is my check for \$15.00 _____.
Make checks payable to: Nyack Hospital Auxiliary
160 North Midland Ave., Nyack, NY 10960
(845) 348-2772 – Fax (845) 348-2776