

## Northern Light Eastern Maine Medical Center Auxiliary MEMBERSHIP FORM

We welcome you to join our prestigious, all-volunteer, non-profit service organization. The Auxiliary is involved in the charitable mission of taking on a specific urgent need at Northern Light EMMC, pledging monetary support for that need, and working on events, projects and fundraisers that will meet that need. Each person brings a unique and different set of talents and skills to this organization which collectively assists in fulfilling the goals.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

### Annual Dues:

- **Member** – (Jan 1- Dec.31) \$25 annually, includes two Auxiliary newsletters, two Lunch and Learns annually with lunch included, first to receive announcements for Auxiliary and Medical Center events, and the satisfaction that comes with supporting a worthy cause. Please *indicate your "Areas of Interest" below.*

**NOTE:**

**Lifetime Memberships continue to be recognized and include all the benefits listed above.**

I am a Lifetime Member

- **Supporter**– (Jan 1- Dec. 31) (No dues) Includes electronic Auxiliary newsletters, and invitations to attend Lunch and Learns for a nominal fee, as well as other Auxiliary and Medical Center events.
- **Donation Only** I would like to support the Auxiliary with my gift of \$ \_\_\_\_\_

### Areas of Interest:

- |   |     |   |
|---|-----|---|
| <input type="checkbox"/> Beach Ball Committee (TBD for 2022/23) | ... | <input type="checkbox"/> Event worker/helper                |
| <input type="checkbox"/> Kitchen Tour Committee                 |     | <input type="checkbox"/> Seek Sponsorships                  |
| <input type="checkbox"/> Board Member                           |     | <input type="checkbox"/> Social events throughout the year  |
| <input type="checkbox"/> Solicit prizes & gifts                 |     | <input type="checkbox"/> Unable to participate at this time |
| <input type="checkbox"/> Other: _____                           |     |   |

Please return this form along with your check payable to NL EMMC Auxiliary and mail to:

**NL EMMC Auxiliary  
489 State Street  
Bangor, ME 04401**