

**Western Maryland Health System Auxiliary**  
**Membership**  
**July 2017-June 2018**

**1. Dues**

Please remit this completed form and your \$25.00 check payable to WMHS Auxiliary and send to:

Julie Davis  
715 White Avenue  
Cumberland, MD 21502

NOTE: The Auxiliary will continue to honor the Sacred Heart Auxiliary's Lifetime Memberships.  
These Lifetime Members are not obligated to pay annual dues.

**2. Membership Directory**

Please provide your contact information for the bi-annual directory printing.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**3. Committees:** Please choose your area of interest.

- |  |  |
|--|--|
| <input type="checkbox"/> By Laws                 | <input type="checkbox"/> Scholarships  |
| <input type="checkbox"/> Employee Appreciation   | <input type="checkbox"/> One Dream Gift Shop   |
| <input type="checkbox"/> Emergency Services Fund | <input type="checkbox"/> Past Perfect Bargain Boutique                               |
| <input type="checkbox"/> Outreach                | <input type="checkbox"/> Specialty Sales   |
| <input type="checkbox"/> Publicity               | <input type="checkbox"/> Snow Ball<br><i>(several sub-committees to choose from)</i> |

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**Please Respond as Soon as Possible ~ Thank you!**