

Membership Form

Be a Member



Salina Regional Auxiliary
Membership
Form

Name _____

Address _____

City _____ St _____ Zip _____

Email _____

Phone: Hm _____

Cell _____

Birthday: Month _____ Day _____

Dues and Contributions

Dues are payable beginning September 1st for the fiscal year, October 1-September 30, and are

offered at the following levels of giving.

General Membership

_____ \$10.00

Entitles a member to annual membership and mailed updates of auxiliary activities.

Member Plus Contribution

_____ \$25.00

_____ \$50.00

_____ \$ _____.00

Annual membership, mailings, and additional direct support to Salina Regional Health Center.

Lifetime Membership

_____ \$250.00

Lifetime membership, mailings, email notifications, recognition at annual meeting, and direct support to Salina Regional Health Center.

You can help in these Ways

The strength of our Service Auxiliary is in our members' willingness to become actively involved...through financial support and/or through service in "helper" or leadership roles!

Please check the areas in which you would like to help.

_____ Courtesy and Hospitality
_____ Nursing and Healthcare Scholarships
_____ Fund Raising: Special Show/Benefit

_____ Fund Raising: Rummage Sales
_____ Fund Raising: Gift Shop
_____ Lobby and Seasonal Décor

_____ Comfort Items for Young Patients
_____ Other Patient/Guest Services
_____ Membership Contact/Recruitment
_____ Officer, Board, Project Leadership

_____ Knitting/Crocheting for Mother/Baby Unit
_____ I can offer only financial support at this time

_____ Parade of Homes

After completion of the membership details, return with your current year dues/contributions to:

Brenda Smith

1922 Foxtail Drive

Salina, Kansas 67401

**Make checks payable to SRHC
Auxiliary**

Phone: 785-822-5794

Note: In-hospital volunteers are managed by the Salina Regional Health Center Volunteer Department.