

UNION GENERAL HOSPITAL AUXILIARY

Prospective Members—Please complete and leave at the Union General Hospital Information Desk

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

BIRTHDATE: Month _____/Day: _____

EMAIL: _____ ARE YOU IN GOOD HEALTH? _____ ARE YOU BETWEEN THE AGES OF 21 AND 75? _____ Have you ever been a member of any Hospital Auxiliary? _____

If "YES" Where and When _____

A background check will be required.

What were your responsibilities? _____

On the back of this form, tell why you wish to be a part of the Auxiliary. Thank you for your interest. Someone from the Membership Committee will call you with more information.

For additional information you may call:

Membership Training Coordinator: Rick Grenon 352-584-8793.

President: Bill Murray 770-335-4153