

## AUXILIARY OF ADVOCATE GOOD SAMARITAN HOSPITAL

(The Auxiliary owns and operates the Daisy Basket Gift Shop and the Gingham Tree Resale Shop and raises funds for Advocate Good Samaritan Hospital to support hospital improvements).

Name: Ms. Mrs. Mr. \_\_\_\_\_ M \_\_\_ F \_\_\_  
(Please print) Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Your email address will be used to communicate Auxiliary information only)

Would you like to be listed in the Auxiliary Directory? Yes \_\_\_ No \_\_\_

(Note: This does not apply to Junior members and Group members)

If yes, which phone number above should we include in the Directory? Home \_\_\_ or Cell \_\_\_

List organizations you formerly/presently belong to and any position(s) held: \_\_\_\_\_

List special skills: \_\_\_\_\_

### All volunteers are required to pay Auxiliary dues and uniform fee.

**Dues:** \_\_\_ Junior Membership (ages 16-17) (\$10.00 one-time charge)  
\_\_\_ Young Adult Membership (ages 18-22) (\$10.00 one-time charge)  
\_\_\_ Regular Membership (ages 23-64) (\$10.00 per year)  
\_\_\_ Senior Membership (ages 65+) (\$5.00 per year)  
\_\_\_ Life Membership (\$100.00 one-time charge)  
\_\_\_ Group Membership

**Uniform:** \_\_\_ Purple Polo, Women Vest or Smock (\$20.00)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Check or Cash Only, credit or debit cards cannot be accepted.\*\* Please make check payable to: Auxiliary of Advocate Good Samaritan Hospital.**

**Office Use Only:** Date Application Processed \_\_\_\_\_ Membership Type \_\_\_\_\_

Dues: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ Processed By \_\_\_\_\_

Email Sent \_\_\_\_\_ Letter to Jr. Parents Mailed \_\_\_\_\_ Add to Directory \_\_\_\_\_ By \_\_\_\_\_