

## Gibson General Hospital Auxiliary Application Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY

**What days and times are you available?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							

**REFERENCES: (2) CAN BE CURRENT MEMBERS OF THE GIBSON GENERAL HOSPITAL AUXILIARY AND/OR CHARACTER REFERENCES**

If you have any questions, please contact Camille Caldemeyer, Membership Chair at 386-5281 (home) or 664-7769 (cell).

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH A \$5.00 CHECK FOR DUES MADE OUT TO:  
Gibson General Hospital Auxiliary OR \$5.00 CASH.**



Please return this form and your check or cash to Camille's mailbox, located in the storage room in the Gift Shop, then **CALL** me to let me know it's there!

