



2024 Shore Medical Center Auxiliary Membership Form

Please complete and return this application along with the appropriate membership fee to the Auxiliary Office in the envelope provided. Please feel free to contact the Auxiliary Office with any questions at 609-653-4646.

Select your membership level.

- ☐ **Active** - \$20 Annual Dues
Right to vote, hold office and participate in events.
- ☐ **Sustaining** - \$30 Annual Dues
Right to vote (cannot hold office) and participate in events.
- ☐ **Active Lifetime** - \$200 One-time Dues
Right to vote, hold office and participate in events.
- ☐ **Sustaining Lifetime** - \$250 One-time Dues
Right to vote (cannot hold office) and participate in events.

Name: _____

Street Address: _____

City, State, Zip: _____

Birthday (month/day): _____

Phone: _____ **Email:** _____

How did you hear about Shore Medical Center Auxiliary?

☐ newspaper/social media ☐ auxiliary member ☐ friend ☐ other

I am interested in working on the following event committees. Please choose at least two unless you are a sustaining member.

- | | |
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| <input type="checkbox"/> Auxiliary Office (mailings) | <input type="checkbox"/> D. Allen Stretch Golf Tournament (June) |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Kids Swim (July) |
| <input type="checkbox"/> Fashion Show | <input type="checkbox"/> Marmora Thrift Shop |
| <input type="checkbox"/> Swing Golf Tournament | <input type="checkbox"/> Somers Point Thrift Shop |
| <input type="checkbox"/> Tree of Lights (December) | <input type="checkbox"/> High Tea |
| <input type="checkbox"/> Vendor Sales | <input type="checkbox"/> Spring & Fall Plant Sales |