



2026 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. **Checking Active membership requires you to participate in at least 2 events per year or a regular weekly schedule in one of the Thrift Shops or Gift Shop.**

() **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:** _____

Active Membership please choose at least Please note that as an active member you will be called to participate over the next year.

Sustaining Members or Lifetime members Please choose any event that you may wish to participate in over the next year. Your type of membership does not preclude you from participating if you wish in the upcoming year. We need everyone's participation for continued successful events.

() Auxiliary Office (mailings)
() Marmora Thrift Shop
() Somers Point Thrift Shop
() Gift Shop
() New Events TBD
() Craft Show (November)
() Fashion Show (May)
() Tree of Lights (December)
() D. Allen Stretch Golf Tournament (June)
() Kids Swim (July)
() Sock Hop