Sebasticook Valley Hospital Auxiliary Membership Form

Please fill in the following information and mail the form with your dues to Sebasticook Valley Health Auxiliary, 447 North Main Street, Pittsfield, Maine 04967. *Thank you for your support of the SVH Auxiliary!*

Please print legibly		
Name		Date
Address		
		Zip
Email address		
	Cell #	
Membership Status (check one): ☐ Active - annual membership - \$5 ☐ Inact	tive - annual membership - \$5	ember - \$50
If you have questions or concerns, please call Sa Check the box(es) that correspond with the Au		**
Christmas Greeting Page	Daffodil Days	Gift Nook Manager
Greeting Card Organize	General Meeting Committee	Executive Board Member
Membership Committee	Selling Rada at a Community Fair	Christmas House Tour
Raising money for free mammograms	☐ Volunteering at SVH	