

Membership Form

Be a Member



Salina Regional Auxiliary
Membership
Form

Name _____

Address _____

City _____ St _____ Zip _____

Email _____

Phone: Hm _____

Cell _____

Birthday: Month _____ Day _____

Dues and Contributions

Dues are payable beginning September 1st for the fiscal year, October 1-September 30, and are offered at the following levels of giving.

General Membership

_____ \$10.00

Entitles a member to annual membership and mailed updates of auxiliary activities.

Member Plus Contribution

_____ \$25.00

_____ \$50.00

_____ \$ _____.00

Annual membership, mailings, and additional direct support to Salina Regional Health Center.

Lifetime Membership

_____ \$250.00

Lifetime membership, mailings, email notifications, recognition at annual meeting, and direct support to Salina Regional Health Center.

The Auxiliary has 68 Lifetime Members!

You can help in these Ways

The strength of our Service Auxiliary is in our members' willingness to become actively involved...through financial support and/or through service in "helper" or leadership roles!

Please check the areas in which you would like to help.

- _____ Courtesy and Hospitality
- _____ Nursing and Healthcare Scholarships
- _____ Fund Raising: Special Show/Benefit
- _____ Fund Raising: Rummage Sales
- _____ Fund Raising: Gift Shop
- _____ Lobby and Seasonal Décor
- _____ Comfort Items for Young Patients
- _____ Other Patient/Guest Services
- _____ Membership Contact/Recruitment
- _____ Officer, Board, Project Leadership
- _____ Knitting/Crocheting for Mother/Baby Unit
- _____ I can offer only financial support at this time
- _____ Parade of Homes

After completion of the membership details, return with your current year dues/contributions to:

Bonnie Anderson
924 Twin Oaks Drive
Salina, Kansas 67401

Make checks payable to SRHC Auxiliary
Phone: 785-827-3385

Note: In-hospital volunteers are managed by the Salina Regional Health Center Volunteer Department.