

MGMC Auxiliary

Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (h) _____ (w) _____

Email: _____

Membership Level/Dues

Get involved and give back to your community by joining the Auxiliary. Your level of involvement depends on you and your needs. Membership runs from July 1 through June 30.

Please check one and enclose payment.

<input type="checkbox"/> Active (General)	\$ 10
<input type="checkbox"/> Inactive*	\$ 10
<input type="checkbox"/> Donation	\$ _____

* Inactive: For people who want to be part of the Auxiliary but cannot actively participate in activities. Inactive members receive all Auxiliary news and mailings and can change their level of involvement at any time.

Please return this form, along with your check payable to the **MGMC Auxiliary**, to:

**MaineGeneral Medical Center
MGMC Auxiliary
35 Medical Center Parkway
Augusta, ME 04330**

*Thank you for supporting MaineGeneral's
patients and families.*