

**UAMS MEDICAL CENTER AUXILIARY
2007-2008 MEMBERSHIP FORM**

- I am renewing my membership.
- I am a new member.

I can help the UAMS Medical Center Auxiliary in the following ways:

- | | |
|---|---|
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Healing Arts |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Volunteer in Gift Shop | <input type="checkbox"/> Committee work |
| <input type="checkbox"/> Assisting with merchandising | <input type="checkbox"/> Welcoming new members |
| <input type="checkbox"/> Hospitality/Program | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Offer my home for a meeting | <input type="checkbox"/> Write/edit articles |
| <input type="checkbox"/> Assist with refreshments | <input type="checkbox"/> Graphic designs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Holiday Activities |
| <input type="checkbox"/> Aromatique | <input type="checkbox"/> Decorating hospital |
| <input type="checkbox"/> Tree Lights | <input type="checkbox"/> Packaging gifts for patients |
| <input type="checkbox"/> Spring Luncheon | <input type="checkbox"/> Distributing gifts to patients |
- Other ways I can assist Auxiliary: _____

- I am unable to actively participate at this time.
- I am interested in volunteering at UAMS on a regular basis or for special projects.

Name: _____ Spouse: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ UAMS Slot (if applicable): _____

- | | |
|--|--|
| <input type="checkbox"/> Individual Membership (\$15) | <input type="checkbox"/> Joint Membership (\$25 for a couple) |
| <input type="checkbox"/> Lifetime Membership (\$200) | <input type="checkbox"/> Corporate Membership (\$100 for businesses) |
| <input type="checkbox"/> Associate Member (\$10 for UAMS Staff or Employees) | |