

# Membership Application

Be part of the St. Anthony's Hospital Auxiliary.  
Membership is open to all, age 18 and older.

## Contact Information

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Membership Levels

**Active: \$20**

*Dues paid annually. These members participate by attending meetings, volunteering to work on fundraising functions and serving on committees.*

**Contributing: \$40**

*Dues paid annually. These members are those who wish to support St. Anthony's Hospital Auxiliary, but do not wish to participate actively in its work.*

**Life: \$250**

*Dues paid once. These members have the privileges of either active or contributing members, but pay no further dues.*

Check enclosed in the amount of: \$ \_\_\_\_\_

Please make checks payable to **St. Anthony's Hospital Auxiliary**.

In order to connect you with activities and committees that match your interests, please check any of the following that are of interest to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Membership activities |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Hospital volunteer    |
| <input type="checkbox"/> Gift Shop      |  |

Is there something you are interested in that we did not mention? \_\_\_\_\_

**Please mail this form along with payment to:**  
**St. Anthony's Auxiliary Membership Chairman**  
**1200 Seventh Ave. N., St. Petersburg, FL 33705**

