

Genesis Medical Center, Aledo
Auxiliary Membership Application

Name: _____

Address: _____

City: _____ **State:** _____

Phone: _____

_____ **I would like to become an active member of the Genesis Medical Center, Aledo Auxiliary. My \$10 membership dues are included.**

I am interested in volunteering in the following areas:

_____ **Gift Shop** _____ **Family Room** _____ **Annual Bazaar**

_____ **Please call me with any volunteer opportunity**

Please make check payable to Genesis Medical Center, Aledo Auxiliary

Please send dues and application to:

Genesis Medical Center, Aledo Auxiliary
409 NW Ninth Avenue
Aledo, IL 61231