

## AUXILIARY MEMBERSHIP APPLICATION

- Yes, I'd like to join the Saint Peter's University Hospital Auxiliary, a group of dedicated volunteers who believe in, and support the mission of Saint Peter's!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

- One Year Membership (\$25 - Used to off-set costs for various programs throughout the year, including the annual membership meeting)**
- I cannot commit to becoming a member, but would like to support the Auxiliary's efforts. Please accept my donation of \$ \_\_\_\_\_**

***We're always looking for volunteers to assist with our annual fundraising activities. If you'd like to join in lending a hand, please check the areas that interest you:***

- Designer Pocketbook Bingo
- Reverse Trick or Treat fundraiser benefiting our pediatric patients
- Holiday Giving Tree Gift Collection
- Casino Night - Benefiting the Gastroenterology Department
- Other Fundraising Events

**Please make all checks payable to  
Saint Peter's University Hospital Auxiliary and mail to:**

Mrs. Mary Ann Snediker  
Saint Peter's Auxiliary Membership Chair  
1270 Noah Road  
North Brunswick, NJ 08902

For Auxiliary use:

Date Received:	Renewal of New:	Check #:	Received by:
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