The Auxiliary of Richmond University Medical Center cordially invites you to join them by becoming a member.

The Auxiliary is made up of dedicated men and women who are committed to promoting the interest of the Medical Center and the patients served through volunteerism and participation in fundraising activities, all in an effort to benefit the Medical Center.

Membership offers you an opportunity to partake in many activities while meeting others and making lasting friendships.

Meetings are held the first Monday of the month between September and June (though there are no meetings in July, August and January). The yearly dues are $10.00 per member.

We welcome you and know you will enjoy your membership.

Michele Salomon Pauline R. Melfi

President Vice President/Membership Chairperson

………………………………………………………………………………………………………………………………………………………………….

 I wish to become a member of the Auxiliary of Richmond University Medical Center.

Please print your name as you wish it to appear in the Membership Directory.

NAME: Mr. Mrs. Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HOME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL) optional

RETIRED: YES \_\_\_ NO \_\_\_ Last Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SKILLS/HOBBIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERESTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have been a member since: \_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO: Richmond University Medical Center Auxiliary

Enclosed $ \_\_\_\_\_\_. Please return to Pauline R. Melfi, 922 Jewett Avenue, SI NY 10314