

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER AUXILIARY
APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Auxiliary for the current year. I agree to follow the policies of both the Auxiliary and Riverside County Regional Medical Center. Payment of my \$10.00 membership fee per year is enclosed.

NAME: _____ **PHONE:** _____

ADDRESS: _____

Number

Street

City

Zip Code

Are you retired? _____ Currently employed? _____ Birthdate: Month _____ Day _____

What type of work do (did) you do?

Are you a RCRMC employee? If yes, please include department and extension number:

Department Name: _____ Extension Number: _____

Would you be willing to serve:

The Board	_____
Committee Chairman	_____
Committee member	_____
In a short-term job	_____
“At home” assignments	_____
Donating baked goods or crafts for Bazaar/Bake Sales	_____
Assist in Gift Shop	_____
Other Areas:	_____

Signature

Date

Return with your dues to: Riverside County Regional Medical Center
ATTN: RCRMC Auxiliary, Membership Chair
26520 Cactus Avenue
Moreno Valley, CA 92555

Attached is my \$10.00 payment for the current year’s dues, ending June 30, 2007 or \$20.00 for two years ending June 30, 2008. Make checks payable to RCRMC Auxiliary.

_____ July 1, 2006 – June 30, 2007

_____ July 1, 2007 – June 30, 2008