



UVM Medical Center Auxiliary – New Membership & Renewal Application
May 1, 2016 – April 30, 2017

HOME ADDRESS			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		Name:	
Address:		Home Phone:	
City:		State:	Zip:
Email:		Birthday:	
SEASONAL ADDRESS (If applicable)			
Seasonal Address:		Seasonal Home Phone:	
City:		State:	Zip:
From: _____ Date		Returning: _____ Date	
BUSINESS ADDRESS (Please complete this section if you would like to receive Auxiliary correspondence at this address, rather than at your home address)			
Company/Organization:			
Job Title:			
Business Address:		Business Phone:	
City:		State:	Zip:
Email:		Fax:	
MEMBERSHIP <input type="checkbox"/> New Membership <input type="checkbox"/> Membership Renewal (Please return as soon as possible)			
<input type="checkbox"/> \$15: General Membership <input type="checkbox"/> \$25: Friend <input type="checkbox"/> \$50: Benefactor <input type="checkbox"/> \$250: Life Membership (one-time payment)			
Please check any and all interest areas with which you might like to help the Auxiliary:			
<input type="checkbox"/> Gift Shop <input type="checkbox"/> Replays <input type="checkbox"/> Volunteering <input type="checkbox"/> Fundraising <input type="checkbox"/> Being on a Committee for an Auxiliary function			

Please make check or money order payable to: **The University of Vermont Medical Center Auxiliary**

Please send completed membership form and payment in the enclosed self-addressed stamped envelope.

(The UVM Medical Center, Development Office – Mailstop 363UVM, 111 Colchester Avenue, Burlington, VT 05401)

I hereby make application for membership in the UVM Medical Center Auxiliary, and agree to support the mission of the Auxiliary and the institution that it serves. Annual membership is offered on a fiscal year basis, May 1 through April 30, and is renewed upon payment of annual dues which are due on May 1st of each year.

Signature _____

Date _____