

## **Mercer County Hospital Auxiliary Membership Application**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_ **I would like to become an active member of the Mercer County Hospital Auxiliary. My \$10 membership dues are included.**

**I am interested in the following areas:**

\_\_\_\_\_ **Gift Shop**      \_\_\_\_\_ **Family Room**      \_\_\_\_\_ **Annual Bazaar**

\_\_\_\_\_ **Please call me with any volunteer opportunity**

**Please send dues and application to:**

**Mercer County Hospital Gift Shop  
409 NW 9<sup>th</sup> Avenue  
Aledo, IL 61231**