

CONWAY MEDICAL CENTER AUXILIARY APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I understand as an active member of the Auxiliary at the Conway Medical Center I will be called upon to participate in at least two Auxiliary fund raising activities.

The Auxiliary raises funds for the Medical Center by sponsoring plant sales, jewelry sales, book sales, support at the Kingston Golf Tournament, CMC Annual Dinner Dance etc.

A Board of Directors, whose officers are elected each year in October, guides the Auxiliary. As a member of the Auxiliary you will be a voting member of this group and you will be eligible to run for Board offices.

Thank you and we are pleased to consider you to be part of our organization. Mail your completed application to CMC Auxiliary President, PO Box 829, Conway, SC 29526

SIGNATURE _____ DATE _____