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**BAPTIST HEALTH NURSING & REHABILITATION CENTER**

**AUXILIARY MEMBERSHIP APPLICATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ (m/d)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

New membership \_\_\_\_\_\_\_\_\_\_\_ Membership Renewal \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Active Membership** \_\_\_\_\_\_\_\_\_

(I will try to attend meetings held at BHNRC the 2nd Monday of each month, 1PM)

**Inactive Membership** \_\_\_\_\_\_\_\_\_

(I would like to financially support the Auxiliary with my membership fee and take part in fundraisers when possible but will be unable to attend the monthly meetings)

The yearly membership fee is $10.00. Please make checks payable to BHNRC Auxiliary and send with this form to:

**Anita Parker**

**c/o Baptist Health Nursing & Rehabilitation Center**

**297 N. Ballston Avenue**

**Scotia, NY 12302**