



KRHC Auxiliary Membership Form

Membership Year: _____

Name: _____

Email: _____

Address: _____

City, State, Zip: _____

- Active member \$5.00
- Inactive member \$10.00
- Lifetime member \$50.00 (one time fee for those 65 and older)

PLEASE CHECK YOUR AREAS OF INTEREST:

- Craft Show Bake sale (baking or selling)
- Painting or decorating
- Tag Day
- Gift shop sales clerk
- Blood mobile
- Bridge or 500 Round Robin
- Hospital appreciation coffee
- Annual garden tour
- Board of Directors
- Clerical support (mailings, computer work, etc.)
- Pediatrics Orientation Day tours
- Christmas fundraiser
- Dine with Flair
- Front Desk Hospitality
- Other: _____

Please send to:

KRHC Auxiliary Membership
PO Box 355
Algona, IA 50511