MEMBERSHIP FORM

Name:_____

Address:_____

City:_____State:_____ Zip:_____

Phone:_____

Email: _____

☐ 1 YEAR MEMBERSHIP - $20   ☐ LIFETIME MEMBERSHIP - $200

HCMH EMPLOYEE MEMBERSHIP

☐ 1 YEAR MEMBERSHIP - $10   ☐ LIFETIME MEMBERSHIP - $25

Employee ID #:_____

Department: _____

VOLUNTEER
Check area if you wish to volunteer:

☐ Genevieve's Place

GO ONLINE TO BECOME A MEMBER!
HUMBOLDTHOSPITAL.ORG

HCMH AUXILIARY
1000 N 15TH STREET
HUMBOLDT, IA 50548
515-332-4200

Return Service Requested

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
MasterCard ☐ VISA ☐ ☐		
Card Number	Sec Code	Exp. Date
Full Name (Please print)	Signature	

MAKE CHECKS PAYABLE TO:

HCMH AUXILIARY
1000 N 15TH STREET
HUMBOLDT, IA 50548