Northwestern Medical Center 133 Fairfield Street St. Albans, Vermont 05478

"The purpose of the Auxiliary shall be to support the mission of Northwestern Medical Center through fundraising and positive community relations."

Auxiliary Member Application

Please complete the application (per individual)	Date:	
Name:(first)	(last)	
Address:		
City and State:		
Zip Code:		
Home Phone:		
Cell Phone:		
Email:		
✓ Payment of Annual Dues \$10.00		
✓ Business Year August 1 st thru May 30 th		
✓ Both Cash and Check accepted for payment		

Please Make Checks Payable to: NMC Auxiliary

Please Mail your payment to: Maris S. Rock, Membership Chair 111 Grice Brook Road St. Albans, VT 05478

Phone (802) 524-7585 email: jbmsrock@aol.com

You may also deliver it to Katherine Winchester, Manager of the Auxiliary/Volunteer Office. Phone (802)-524-1055 email: kwinchester@nmcinc.org

Thank you for your interest in supporting your local community hospital and Auxiliary.

Https://Nmcvt-My.Sharepoint.Com/Personal/Kwinchester_Nmcinc_Org/Documents/Volunteer Services Team Leader/Volunteer Office/Auxiliary/Membership/Membership Application/Auxiliary Membership Application.Doc