



2019 Membership Application

*The Burgess Auxiliary is not an age- or gender-specific organization.
The Auxiliary provides funds for needed hospital equipment and scholarships
for continuing education in health care careers.
Auxiliary dues also supplement other Burgess fundraising projects.*

Yes; I'd like to be a **Burgess Auxiliary Member!** My membership dues are enclosed.

- \$10, Annual Membership
- \$50, Lifetime Membership [shall be exempt from further payment of dues]
- I wish to make an additional donation of \$_____ to the Auxiliary
- I wish to receive notifications of upcoming events through my email account
- I wish to help with fundraising events; such as, Ventures, book sales, and jewelry sales.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please return this form and your dues to the Burgess Information desk or mail them to Auxiliary Treasurer, Burgess Health Center, 1600 Diamond Street, Onawa, IA 51040.

Thank You for Supporting the Burgess Auxiliary!!