

Membership Application Form

Art Exhibits	Bridge Marathon	Calling Committee	Children's Art Wall
Christmas Bake Sale	Christmas Show	Coffee Cart	Daffodil Days
Fund Raising	Gift Shop	Heartlights	Historian
Legislation	Love Tree	Mailing	Pediatric Tours-
			Prairie Life
			Remembered
Special Meetings	Spring Luncheon	Tickets	

Whether you choose to be an active member or support us by contributions, we want you to know that we appreciate your membership.

Name _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Email Address _____

Membership (Check one): ___Renewal ___\$10 Regular Mbrship
 ___New ___\$100 Lifetime Mbrship
 ___Contributon \$ _____

___ Auxiliary Project - Area of Interest _____

___ Hospital Volunteer - Area of Interest _____

Please print out this form and mail it to:

Mercy Auxiliary
701 10th St SE
Cedar Rapids, IA 52403

Please make check payable to Mercy Auxiliary. Please do not send cash.