



CARSON TAHOE HEALTH

AUXILIARY MEMBERSHIP APPLICATION & RENEWAL FORM

Last Name _____ First Name _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Birthday _____
Month/Day

Spouse Name _____

CHECK MEMBERSHIP TYPE

☐ New Member (\$15)

☐ Renewing Member (\$15)

☐ Charter/Honorary

☐ Senior New Member (\$10)

☐ Renewing Senior Member (\$10)

☐ Lifetime Member (\$100)

☐ Existing Lifetime Member

*Senior Member is 65 or older

PAID BY

☐ Cash ☐ Check Number _____

*Make checks payable to Carson Tahoe Health Auxiliary

PARTICIPATION (CHECK ALL THAT APPLY):

☐ I'm available to help with any fundraising efforts

☐ I would like to serve on a committee

☐ Supporting/Inactive Member: I'd like to receive the newsletter and attend luncheons when possible.

*Please note that the newsletter will be sent via email.

Signature _____ Date _____

Please fill out this form and mail it, along with a check if applicable, to:

Membership Chairperson
Carson Tahoe Health Auxiliary
PO Box 4611
Carson City, NV 89702

Email: auxiliaryCTH2021@gmail.com

CARSON TAHOE MISSION:

To enhance the health and well-being of the communities we serve.