CARSON TAHOE
AUXILIARY

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 (MM/DD)**____/___

Spouse Name_____

MEMBERSHIP TYPE (check appropriate box)

- ☐ New Member ($15)
- ☐ Senior New Member ($10)
- ☐ Litetime Member ($100)

*Senior Member is 65 or older

- ☐ Renewing Member ($15)
- ☐ Renewing Senior Member ($10)
- ☐ Existing Litetime Member ($0)
- ☐ Charter/Honorary

PAID BY ☐ Cash ☐ Check Number_____
*Please make checks payable to "Carson Tahoe Health Auxiliary".

PARTCIPATION (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
1699 Chiquita Circle
Minden NV 89423
If you have questions, please Email: auxiliaryCTH2021@gmail.com

CARSON TAHOE MISSION: ***To enhance the health and wellbeing of the communities we serve.***