

## 2025 Shore Medical Center Auxiliary Membership Form

Select your membership level.

Please complete and return this application along with the appropriate membership fee to the Auxiliary Office in the envelope provided. Please feel free to contact the Auxiliary Office with any questions at 609-653-4646.

(	)	Active - \$20 Annual Dues Right to vote, hold office and by checking Active membership, you will be required to participate in at least two events per year or commit to a regular weekly schedule in one of the Thrift Shops or Gift Shop.
(	)	<b>Sustaining</b> - \$30 Annual Dues Right to vote and encouraged to participate in events but not required. (Cannot hold office)
(	)	Active Lifetime - \$200 One-time Dues Right to vote, hold office and by checking Active membership, you will be required to participate in at least two events per year or commit to a regular weekly schedule in one of the Thrift Shops or Gift Shop.
(	)	Sustaining Lifetime - \$250 One-time Dues Right to vote and encouraged to participate in events but not required. (Cannot hold office)
Name:		
Street Address:		
City, State, Zip:		
Birthday (month/day):		
Phone: Email:		
activ Susta to po	re m i <b>inin</b> artici	embership please choose at least two events. Please note that as an ember you will called to participate over the next year.  g Members or Lifetime members please choose events that you would like pate in over the next year. We need participation from all members to to hold successful events.
( ) ( ) F ( ) S ( ) T ( ) Y	Gift S Fash Swin Tree Vend	iary Office (mailings)  ( ) D. Allen Stretch Golf Tournament (June)  ( ) Kids Swim (July)  ( ) Marmora Thrift Shop  ( ) Somers Point Thrift Shop  ( ) High Tea  dor Sales  ( ) New Events TBD