



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

1 YEAR MEMBERSHIP - \$10 LIFETIME MEMBERSHIP - \$150

HCMH EMPLOYEE MEMBERSHIP

1 YEAR MEMBERSHIP - \$1 LIFETIME MEMBERSHIP - \$25

Employee ID #: _____

Department: _____

VOLUNTEER

Check area if you wish to volunteer:

Atrium Transport



Genevieve's Place

Humboldt County Public Health
Respite Care/Friendly Visitor/Transportation within City Limits

**GO ONLINE TO BECOME A MEMBER!
HUMBOLDTHOSPITAL.ORG**

HCMH AUXILIARY
1000 N 15TH STREET
HUMBOLDT, IA 50548
515-332-4200

Return Service Requested

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW			
	<input type="checkbox"/>		<input type="checkbox"/>
Card Number		Sec Code	Exp. Date
Full Name (Please print)		Signature	

MAKE CHECKS PAYABLE TO:

HCMH AUXILIARY
1000 N 15TH STREET
HUMBOLDT, IA 50548