

## **RWJUH Rahway Auxiliary Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Daytime Evening

\_\_\_\_ Please contact me about Auxiliary Membership

\_\_\_\_ Enclosed is my check for \$5 Annual Dues payable to RWJUH at Rahway Auxiliary. I want to become an Auxilian.

Return to: RWJUH Rahway Auxiliary  
865 Stone Street  
Rahway, NJ 07065  
732-499-6068