



Community Medical Center Auxiliary Association

1954-2012 . . . *Spanning the Decades*

To Join . . .

Simply email us at cmcfoundation@barnabashealth.org, or print this form and mail to:

CMC Auxiliary Association
c/o The Community Medical Center Foundation
99 Highway 37 W
Toms River, NJ 08755

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ () Home () Work () Cell

Alternate Phone: () _____ () Home () Work () Cell

Email Address: _____

- I am interested in Twig Membership. Tell me more.
I am interested in Daytime or Evening Meetings
- I want to be an Associate Member. *My check for \$5.00 is enclosed.*
- I am interested in working in the Gift Shop as an Auxiliary Member.
- I am interested in working in the Second Time Around Shop as an Auxiliary member.
- I am enclosing a donation to support the Auxiliary's work.

THANK YOU FOR YOUR INTEREST. WE WILL BE IN TOUCH WITH YOU SOON.

■ ■ **BARNABAS HEALTH**
■ ■ Community Medical Center Foundation, Inc.