

AUXILIARY APPLICATION

Please fill out the following information

Last Name	First Name	Middle Initial	
<hr/>			
Address	City	State	Zip
<hr/>			
Home Phone	Cell Phone		
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Emergency Contact	Emergency Phone #	Relationship	
<hr/>			

Are you currently employed? ☐ Yes ☐ No Occupation

Are you currently an employee with RWJ Hamilton? ☐ Yes ☐ No

Are you currently a volunteer with RWJ Hamilton? ☐ Yes ☐ No

Are you interested in becoming a volunteer with RWJ Hamilton? ☐ Yes ☐ No

Reason for joining the RWJ Hamilton Auxiliary

Annual Membership Dues \$12.00

To join, please make checks payable to: RWJ Hamilton Auxiliary

Please mail checks to: Rita Ford
1810 Kuser Road
Apt. 3
Hamilton, NJ 08690