



MEMBERSHIP APPLICATION

If you enjoy working with people of like interests and feel that you would like to contribute to our goals of supporting Cottage Hospital, please consider joining us. The dues are \$10.00 per year or \$75.00 for a lifetime membership. You will be placed on our mailing list and will be kept informed about meetings and activities.

Please use the membership application form below to request additional information or to join our group.

We look forward to hearing from you!

Date: _____ / _____ / _____
Month Day Year

Name (please print): _____

Mailing Address: _____

Telephone: (_____) _____ - _____

Email: _____

Amount Enclosed: _____

Please mail your membership application and dues to:
Cottage Hospital Auxiliary
P.O. Box 143, Woodsville, N.H. 03785

For additional information email: Brenda Long - brendilong@gmail.com or Chris Roberts - 200heavensent@gmail.com

PO Box 143, Woodsville, NH, 03785
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