



MEMBERSHIP APPLICATION

PLEASE PRINT

LAKE OF THE WOODS AUXILIARY

NEW _____ RENEWAL _____
Active _____ Supporting _____

Active Membership Fee: Individual- \$45.00 Family- \$55.00 Student - \$20.00

Supporting Membership Fee: Individual - \$70.00 Family- \$95.00

Name _____ Spouse _____

Occupation _____ Spouse Occupation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Mobile _____

Birthday _____ Email Address _____

Other non-profit affiliations (past and present) _____

Interests or skills that may be helpful to the Chapter Auxiliary (i.e. event planning, accounting, etc.) _____

Please check areas of interest:

Public Relations Membership Recruitment Financial Education and Awareness Special Events

Prevention Programs Fundraising File Management Historical Records

By signing this form, I acknowledge that I will not use the membership list for private purposes or permit it to be examined, copied, or used by a non-member.

Signature _____ Date _____

Please return this form and your check made payable to LOW Childhelp Auxiliary to

**Low Childhelp Auxiliary Membership Chairman
P.O. Box 382, Locust Grove, VA 22508**

Any questions? Email Claudia Phillips: phillipsc59@gmail.com