



Founded in 1914

The Auxiliary of L+M Hospital
PO Box 204
Waterford, CT 06385

MEMBERSHIP FORM

Annual Membership
\$50.00

Lifetime Membership
\$400.00

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

I would be most useful serving on the following committee(s):

- Art Exhibit
- By-Laws, Policies & Procedures
- Community Relations
- Finance
- Fundraising
- Historian
- Nominating
- Publicity / Social Media



Please make your check payable to The Auxiliary of L+M Hospital.
Please mail application form and check to the address at the top of the page.