

Passavant Area Hospital Auxiliary

Membership Application

Print page, complete, and mail to:

**Passavant Area Hospital
Volunteer Department
1600 West Walnut
Jacksonville, IL 62650**

Name(s): _____

Address: _____

E-mail: _____

Telephone: _____

- \$10 Annual Membership (yearly)
- \$150 Life Membership
- \$250 Life Membership, Married Couple
- This is a gift membership from _____

Please make checks payable to **Passavant Hospital Auxiliary**.