

**Auxiliary Membership
Upland Hills Health, Inc.**

NEW MEMBER:

- YES, I would like to join the Auxiliary as a **new member** (under age 62). Enclosed is my \$2 membership fee or \$25 lifetime fee (check one).

RENEWAL:

- YES, I would like to **renew** my membership in the Auxiliary. Enclosed is my \$2 membership fee or \$25 lifetime fee (check one).

SENIOR:

- YES, I would like to join the Auxiliary as a lifetime member, and I'm **over age 62**. Enclosed is my \$10 membership fee for a lifetime membership.

My name and address are:

My telephone # (_ _ _) (day)
(_ _ _) (ēvenīng)

If you are unsure of your membership status, please call 930-7113.

Clip & mail to:

Erin Groshek, Community Relations Assistant
Upland Hills Health, Inc.
800 Compassion Way
Dodgeville, WI 53533

**Auxiliary Membership
Upland Hills Health, Inc.**

NEW MEMBER:

- YES, I would like to join the Auxiliary as a **new member** (under age 62). Enclosed is my \$2 membership fee or \$25 lifetime fee (check one).

RENEWAL:

- YES, I would like to **renew** my membership in the Auxiliary. Enclosed is my \$2 membership fee or \$25 lifetime fee (check one).

SENIOR:

- YES, I would like to join the Auxiliary as a lifetime member, and I'm **over age 62**. Enclosed is my \$10 membership fee for a lifetime membership.

My name and address are:

My telephone # (_ _ _) (day)
(_ _ _) (ēvenīng)

If you are unsure of your membership status, please call 930-7113.

Clip & mail to:

Erin Groshek, Community Relations Assistant
Upland Hills Health, Inc.
800 Compassion Way
Dodgeville, WI 53533