

# Friends of Altoona Regional Membership application

## *Join Us!*

Yes, I would like to make a contribution to health care in my community by becoming a member of Friends of Altoona Regional Health System.

Membership Categories:

- Annual Membership \$5/year  
 Lifetime Membership \$50 (one-time fee)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- I am an employee of Altoona Regional  
 I am a retiree of Altoona Regional  
 Bon Secours/Mercy     Altoona Hospital

Are you a School of Nursing graduate?

- I was a graduate of Altoona Hospital SON  
 I was a graduate of Mercy Hospital SON

Please mark the box next to the committees on which you would most like to serve with a number. The number 1 (one) should indicate your first selection, 2 (two) your second selection, etc. You may mark as many boxes as you wish.

- Auditing Committee**  
 **Baby Pictures Committee**  
 **Finance (Budget) Committee**  
 **Gift Shop Committee**  
 **Health Promotion Committee**  
 **Hospitality Committee**  
 **Legislative Affairs Committee**  
 **Newsletter/Public Relations Committee**  
 **Nominating Committee**  
 **Program Committee**  
 **Scholarship Committee**  
 **Sewing Committee**  
 **Ways & Means Committee**

Send to:

**Friends of Altoona Regional Health System**  
**Altoona Hospital Campus Gift Shop**  
620 Howard Ave.  
Altoona, PA 16601