

**MEMBERSHIP REGISTRATION  
TREGO COUNTY LEMKE MEMORIAL  
AUXILIARY/VOLUNTEERS**

NAME: \_\_\_\_\_

PHONE: H \_\_\_\_\_ C \_\_\_\_\_ TEXT: Y \_\_\_ N \_\_\_

E-MAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(MAKE CHECKS PAYABLE TO TCLMH AUX/VOLUNTEERS)

MAIL TO 320 N 13<sup>TH</sup> WAKEENEY, KS 67672, OR DROP IN BOX AT FRONT DOOR  
OF HOSPITAL BY THE FLAGPOLE

YOU MAY CHOOSE TO BE ACTIVE OR INACTIVE.

**ASSOCIATE MEMBERSHIP**

\_\_\_\_\_ \$5 MEMBER

\_\_\_\_\_ ACTIVE

\_\_\_\_\_ INACTIVE

**LIFETIME**

\_\_\_\_\_ NEW LIFETIME

ONE X DONATION \$100

\_\_\_\_\_ CURRENT LIFETIME

\_\_\_\_\_ ACTIVE \_\_\_\_\_ INACTIVE

**I WOULD VOLUNTEER IN THESE AREAS AS AN ACTIVE MEMBER:**

\_\_\_\_\_ GIFT SHOP (DAYS & TIMES GROUP TEXTED EVERY MONTH)

\_\_\_\_\_ BAKING (AUX FOOD SALES OR SPECIAL EVENTS)

\_\_\_\_\_ SEWING OR CRAFTS

\_\_\_\_\_ LONG TERM CARE (READ OR VISIT /W RESIDENTS, HELP WITH BINGO)

\_\_\_\_\_ HELP WITH BLOOD DRIVE