



Come join us!

Date _____

Name _____

Spouse's Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

When are you available to volunteer? _____

Areas of Interest (i.e. information desk, gift shop, materials management, courier, etc.) _____

Please mail this form to:
Partners President
Ste. Genevieve County Memorial Hospital
800 Ste. Genevieve Drive
Ste. Genevieve, MO 63670
or
Drop this application off at our gift shop,
Petits Trésors in the hospital lobby
or
email to: partners@sgcmh.org

Annual Dues are **\$10.00**
Lifetime Membership is **\$100.00**
Payable after Orientation