



2018-2019 MEMBERSHIP APPLICATION FORM

CCHA ORLEANS BRANCH

www.ccha-orleans.org

Membership in the Cape Cod Hospital Auxiliary signifies your desire to contribute your time and talent toward the mission of raising funds for Cape Cod Hospital. Our mission is to also serve as a liaison to the community by providing educational information about Cape Cod Healthcare to the Cape residents and summer visitors. The other branches of the Auxiliary are in Chatham/Harwich and Barnstable and the CCHA Thrift Shop in Hyannis. The Auxiliary will be raising \$500,000.00 for Cape Cod Hospital's Behavioral Health Expansion. This will bring Dementia Diagnosis onto the Cape and bring Opioid Addiction Services to Cape Cod Hospital.

The Orleans Branch holds monthly meetings from September through June in the Parish Hall at the Church of the Holy Spirit, 204 Monument Road, Orleans, (at the corner of Monument Rd. and Route 28). Our meetings are held on the 1st Tuesday of each month beginning with a social time at 9:30 am. The business meeting starts at 10:00, followed by a guest speaker at 11:00. Guests and potential members are always welcome at our meetings. The public at large is invited to listen to our guest speakers.

Yearly dues are \$25. Please renew your membership no later than September 1st in order to be included in the Membership Roster.

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(please print clearly)

Name: _____ Renewal: _____ New Member: _____

Residential Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

Former Leadership Roles, Occupations, Talents or Interests: _____

Please check the committees or leadership roles where you might participate:

Historian ___ Hospitality ___ Membership ___ Newsletter ___ Nominating ___
Publicity ___ Scholarship ___ Telephone Tree ___ Ways & Means ___

Making items for the Holly Berry Bazaar ___ HBB Raffle Tickets Sales ___

Branch Chair (or Vice Chair) ___ Secretarial ___ Treasurer ___ Program ___

Chair/Co-chair a Fundraising Event ___

___ I can no longer be actively involved but would like to continue my membership.

Please complete the bottom portion of this form and mail it along with your dues to:

Joan Cassidy, CCHA Orleans Membership Co-Chairman
68 Martingale Lane
Brewster, MA 02631

(Make check payable to CCHA Orleans Branch)