



2021-2022 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.

Normally the Orleans Branch holds monthly meetings from September through June at the Federated Church of Orleans, at 162 East Orleans, MA. 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.

Dues this year are \$15. Please renew your membership no later than November 1st in order to be included in the Membership Roster.

----- (Cut here) -----

(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:

Sandra Henry, CCHA Orleans Membership Co-Chairman
516 Harwich Road
Brewster, MA 02631

*(Make check payable to **CCHA Orleans Branch**)*