

**Cape Cod Hospital Auxiliary  
Orleans Branch  
Membership Form 2026-2027**

The **Orleans Branch** of the Cape Cod Hospital Auxiliary invites you to join us in raising funds for Cape Cod Hospital. Our mission is to 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 Chatham/Harwich and the CCHA Thrift Shop in Hyannis. We are starting a new \$1 million pledge for the Family Birthplace (maternity unit).

The **Orleans Branch** holds monthly meetings from September through June at the Federated Church of Orleans, 162 Main St. East Orleans, MA. Our meetings are held on the 1<sup>st</sup> Tuesday of each month. Doors open at **9:00 a.m.** for a social time with refreshments available. Our business meeting begins at **9:30 a.m.** followed by a guest speaker at 10:30am. Guests and potential members are always welcome at our meetings. The general public is invited to listen to our guest speakers. Social events will be planned throughout the year for members.

Our yearly dues are \$25. You can join us online at: [www.ccha-orleans.org](http://www.ccha-orleans.org). If joining by mail, please send a check (made payable to: CCHA Orleans Branch) to: CCHA-Orleans Membership, P.O. Box 412, East Orleans, MA 02643 along with the form. Your active participation to support our efforts is expected and appreciated. Some of our groups are: Fundraising, Hospitality, Publicity, Crafts, Programs.

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*If renewing membership and no contact info has changed since last year, you only need to fill out your name. If any contact info has changed, please mark it as changed*

Name: \_\_\_\_\_ Renewal:\_\_\_ New Member:\_\_\_

Residential Address: \_\_\_\_\_ Town:\_\_\_\_\_ Zip:\_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone (cell preferred): \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I can no longer be actively involved but would like to continue my membership \_\_\_\_\_*