

Mission Doctors Auxiliary

MEMBERSHIP

Name (circle: Dr / Mrs. / Miss / Ms.) _____

Husband's Name & Title (If married) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

All members will be listed in the Auxiliary annual roster.

Enclosed is my check for **\$50.**

Please charge **\$50** to my: Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Referred to join Mission Doctors Auxiliary by: _____