



ORANGE REGIONAL MEDICAL CENTER AUXILIARY

The mission of the Auxiliary is to render service to Orange Regional Medical Center (“ORMC”) and its patients and to assist ORMC in promoting the health and welfare of the community. This organization exists exclusively for charitable purposes.

MEMBERSHIP APPLICATION	
Last Name:	Home Phone:
First Name:	Cell Phone:
Street Address:	Work Phone:
City, State, Zip Code:	Spouse/ Partner Name:
E-Mail:	
Languages Spoken (Other than English):	

Please tell us about yourself:

Why do you want to be a member of the Orange Regional Medical Center Auxiliary?

Do you have any specific skills that you would like us to know about/ prefer to help with?

- Fundraising
 Handcrafts/ Sewing/Knitting
 Time to assist the Auxiliary
 Bookkeeping
 Patient Related
 Other (Please Specify)

Availability

How many hours are you available per week/month? _____ / _____

- Can Help as Needed
 Weekly Assignment

Signature of Applicant _____ Date _____

Please mail this form to:

ORMC Auxiliary
 707 East Street
 Middletown, NY 10940
www.ormc.org

