



# Lake Chelan Health Guild B Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Guild B Sponsor (person who invited you): \_\_\_\_\_

Birthday (month and day only because, well, we are all 29): \_\_\_\_\_

Committees of interests to you: \_\_\_\_\_

\_\_\_\_\_

Thank you for joining Guild B. We look forward to having you as part of our group. While we have fun, Guild B is a working guild with our main goal to improve Lake Chelan Community Hospital and Clinics by purchasing equipment with funds raised from our fundraising events.

Annual Dues are \$40 per year. checks should be made out to: Guild B. They may be taken the first meeting in April or mailed to Guild B, PO Box 2177, Chelan, WA 98816

Guild Luncheon meetings will be held monthly starting in April and ending in October. You will be notified of the exact dates and location by email each month.