

# 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: \_\_\_\_\_