



TRUMAN MEDICAL CENTER
Hospital Hill

Better. For Everyone.

AUXILIARY APPLICATION

TRUMAN MEDICAL CENTER HOSPITAL HILL
VOLUNTEER AND AUXILIARY SERVICES
2301 HOLMES, KANSAS CITY, MISSOURI
816-404-3300 816-404-3305 FAX

Mr. Mrs. Ms. _____
(First Name) (Middle Initial) (Last Name)

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Employer Information: Present Employer Previous Retired

Employer Occupation

Emergency Contact: _____ Phone: _____

Birthday (Month & Day) _____

Special Skills or Interest: _____

Type of Membership: Individual \$10.00 Contributing \$15.00 Group \$10.00
 Associate (TMC Employee) \$10.00 Life \$150.00

I would be interested in helping with one or more of the following activities:

- Ways and Means (fundraising events)
- Board Position
- Gift Shop
- Newsletter/Publicity
- Membership
- Other:

Applicant Signature

Date