

The Guild of California Pacific Medical Center

Membership Application

Name _____ circle Mr. Mrs. Ms. Miss

Address _____

City _____ State _____ Zip _____ Fax _____

Daytime phone _____ Email _____

I would like to sponsor a membership in the following category:

- Active Volunteer Member \$20.00
- Associate member \$35.00
- Sustaining Member _____

- An Active Member is an active CPMC volunteer
- An Associate Member supports the Guild financially, though not actively.
- A Sustaining Member supports the Guild with a discretionary gift.

Kindly make your check payable to the Guild of California Pacific Medical Center and mail to:

Guild of CPMC Membership
PO Box 7999
California Campus #B-560
San Francisco, CA 94120-1999

Membership benefits include a quarterly newsletter, 20% discount in our Gift Shops, Guild invitations, membership roster, membership card and membership pin.

For additional information please contact: Helene Ettelson
Guild Membership Chairman
hettelson@yahoo.com