



## Membership Information Form

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Business: \_\_\_\_\_

Title: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Which address do you prefer for Guild mailings?       Home       Business

Birthday: \_\_\_\_\_ Wedding Anniversary (if applicable): \_\_\_\_\_

Professional and Service Club Memberships: \_\_\_\_\_

\_\_\_\_\_

Other Charitable Involvements: \_\_\_\_\_

\_\_\_\_\_

Are you interested in serving on the Golf Committee?       Yes       No

Are you interested in serving on the Ball Committee?       Yes       No

(If Applicable)

Spouse's Name: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Business: \_\_\_\_\_

Title: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Birthday: \_\_\_\_\_

Professional and Service Club Memberships: \_\_\_\_\_

\_\_\_\_\_

Other Charitable Involvements: \_\_\_\_\_

\_\_\_\_\_

Are you interested in serving on the Golf Committee?       Yes       No

Are you interested in serving on the Ball Committee?       Yes       No

**Please return completed application and Guild Dues of \$250 per person to:**

Brooke Edelman  
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John C. Lincoln Health Foundation  
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