

DUKE RALEIGH HOSPITAL GUILD MEMBERSHIP FORM

The purpose of the Guild is to advance the welfare of Duke Raleigh Hospital by promoting, enhancing and supporting services to the hospital, its patients and their families.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____

Email _____

Spouse's Name _____

Member Birth Month & Day _____

Please indicate your interest in participating in the following (Check all that apply):

The Guided Lily Gift Shop (Signature Project)

Committees:

Membership _____

Events _____

Hospitality _____

Coordinating Speakers _____

Manage monthly evite _____

Monthly Lunch Coordinator _____

Leadership _____

Marketing _____

Social Media _____

Other _____

Please complete and submit form with payment in the amount of \$40 made payable to:

Duke Raleigh Hospital Guild, 3400 Wake Forest Road, Raleigh, NC 27609

Attention: Julanne Kalin, Treasurer

Duke Raleigh Hospital Guild is a tax exempt, non-profit organization.

