



Auxiliary of Northwestern Medicine  
Central DuPage and Delnor Hospitals

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## Membership Application

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

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

City, State & Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation (Current or Previous)

\_\_\_\_\_

Community Memberships / Volunteer Experience

\_\_\_\_\_

\_\_\_\_\_

Skills / Hobbies /Special Interests

\_\_\_\_\_

\_\_\_\_\_

Membership shall be open to all who are interested in the work of Central DuPage and Delnor Hospitals and who complete the requirements for becoming members, as established by the Executive Board. There will be no discrimination because of age, gender, race, creed, color, sexual orientation, disability or national origin, to become a member or officer

**Join our Team**

The following Membership type applies to me:

- Become an Active Member of the Auxiliary
- Become a Life (Charter) Member of the Auxiliary
- I am an existing Life (Charter) or Honorary Member of the Auxiliary
- I am interested in an Executive Board Position\_\_\_\_\_
- I am Not interested in becoming an Auxiliary member at this time but would like to stay on the mailing list for future events

**Active Member requirements:**

1. Participate in at least one committee or sub-committee supporting the Auxiliary's fundraising events OR volunteer in one of the hospital gift shops or resale shops that support the Auxiliary.
2. Financial support of \$150:
  - Attending two Auxiliary Fundraising Events or Direct Donation

**Life (Charter) Member requirements:**

1. A person may become a Life (Charter) Member by indicating their desire to do so and by making a monetary contribution of \$1,000 to the Auxiliary.
2. Existing Life (Charter) or Honorary members are recognized for their outstanding interest in and service to the Auxiliary. They will be invited to all Auxiliary events, including General and Special meetings, will remain as an Honorary member and receive notification to all Auxiliary activities.

Please indicate which of the following committees you would be interested in helping with. **Active Members MUST chose at least one.**

Community Outreach\_\_\_\_\_

Scholarships\_\_\_\_\_

Communications \_\_\_\_\_

Retail Gift Shops\_\_\_\_\_

Fundraising Events \_\_\_\_\_

Resale Shops\_\_\_\_\_

Hospital Events \_\_\_\_\_

Marketing\_\_\_\_\_

Any questions regarding Auxiliary Membership contact: Linda McCarthy  
Linda McCarthy 630-483-6689 or [Linda.mccarthy@nm.org](mailto:Linda.mccarthy@nm.org)

**Please accept my donation to the Auxiliary**

Enclosed is a check made payable to Northwestern Memorial Foundation

Please charge my:

Visa®    MasterCard®    American Express®    Discover®

Cardholders name:

Card#:

Amount \$:

Signature:

*You may call in your credit card information to Karoline Kijowski 630-933-3509*

Please mail the application form and any donation to:

**Auxiliary of Northwestern Medicine Central DuPage and Delnor  
Hospitals  
0S050 Winfield Rd. Suite 200  
Winfield, Illinois 60190  
Attention: Linda McCarthy**