

# Ladies Union Aid Society

## Membership Application

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

Nickname (if desired): \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

- Home
- Cell
- Work

### Member Directory:

If we publish a Members' Directory, may we print your name, address, and phone number?

- Yes
- No

### Emergency Contact:

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

Phone: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Dues:** Annual member dues are \$10.00.

You can make a check payable to LUAS or arrange payment by cash or card.

Mail to: LUAS

243 Elm Street

Claremont, NH 03743

### Our Mission:

To promote and advance the welfare of Valley Regional Hospital, including outreach programs within Sullivan County that will enhance the wellness of the citizens of our community.