

EAST JEFFERSON GENERAL HOSPITAL AUXILIARY

MEMBERSHIP 2025-2026

June 2025-May 2026

GENERAL

NAME: Miss () Mrs. () Dr. () _____

SPOUSE: _____ HOME PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

Please check information NOT to be included in directory: __Address __Phone __Email

MEMBERSHIP

Active: (\$35-Annually) _____ Life Member: (\$250-One time) _____

Donation To Support the EJGH Auxiliary _____

Please mail form and your check made payable to EJGH Auxiliary to:

Carrel Epling
3880 3rd Street
Metairie, LA 70002

VOLUNTEER OPPORTUNITIES

_____ Great Lady/Great Gentleman Luncheon

_____ GLGG Auction

_____ Mailings

_____ Nurses/Hospital Week

_____ Doctor's Day

Thank you for your membership, donation, participation, and support