

Henry Mayo Newhall Memorial Hospital
HOME TOUR LEAGUE 2010
MEMBERSHIP APPLICATION



Name _____ Spouse's Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work or Cell _____

Email _____

Preferred Volunteer Duty on 12/4/2010 Day of Home Tour

Home Tour Hostess

_____ Morning

_____ Afternoon

_____ Available All Day

Opportunity Drawing

_____ Morning

_____ Afternoon

_____ Available All Day

Boutique

_____ Morning

_____ Afternoon

_____ Available All Day

We will attempt to honor every request

Please return this form with your membership dues to:

Eva Murray

HMNMH Home Tour League

26416 Emerald Dove Dr.

Valencia, Ca 91355

Please make checks payable to HMNMH Home Tour League:

2010 Membership is \$30.00 per family

Please remember to complete the Committee Sign-Up on the reverse side.

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Name: _____ Phone _____

I am interested in chairing or working on the following Committees:

- _____ Home Coordinator
- _____ Worker Placement
- _____ Tickets
- _____ Gala
- _____ Brochure
- _____ Publicity
- _____ Safety & Signs
- _____ Transportation & Parking
- _____ Artist Coordinator
- _____ Mail & Envelope Stuffing
- _____ Telephone Tree
- _____ Photography/Historian

Boutique:

- _____ Cashiers
- _____ Opportunity Drawing
- _____ Hospitality