



Community Medical Center
Auxiliary Association
1954 - 2008 . . . *spanning the decades*

To Join . . .

Simply email us @ cmcfoundation@sbhcs.com, or print the form below and mail it to:

CMC Auxiliary Association

c/o The Community Medical Center Foundation
99 Highway 37 West
Toms River, NJ 08755

Name _____

Address _____

City _____ State _____

Zip _____ Phone (____) _____ () Home () Work

Email address _____

- I am interested in Twig Membership. Tell me more.
I am interested in daytime or evening meetings.
- I want to be an Associate Member. My check for \$5.00 is enclosed.
- I am interested in working in the Gift Shop as an Auxiliary member.
- I am interested in working in the Second Time Around Shop as an Auxiliary member.
- I am enclosing a donation to support the Auxiliary's work.

THANK YOU FOR YOUR INTEREST. WE WILL BE IN TOUCH WITH YOU.