

**Bay Area Arthritis Auxiliary 2017  
New Membership Application**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PREF PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF SPOUSE, IF APPLICABLE \_\_\_\_\_

MONTH OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**I am happy to become a member of the Bay Area Arthritis Auxiliary and wish to pay my annual dues in one of the two ways listed below:**

- 1)  My check for \$100 is enclosed payable to Arthritis Foundation, Northern California Office.
- 2)  Please bill my credit card \$100:  MasterCard  Visa  American Express  Discover

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please tell us about yourself so we can ensure that your volunteer experience will be a positive one.

**PROFESSIONAL EXPERIENCE**  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE**  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ANY EVENTS AND/OR COMMITTEES THAT ARE OF INTEREST TO YOU:**

EVENTS

- Bone and Joint Expo
- San Francisco Walk To Cure Arthritis
- Classic Bike Rides
- Fashion Fights Arthritis
- Camp Milagros
  
- Tri-Valley Walk to Cure Arthritis
- Teen Retreat

COMMITTEES

- Advocacy Committee
- Fundraising Committee
- Help & Support Committee
- Volunteer Engagement Committee

**PLEASE INDICATE OTHER TALENTS AND SKILLS**

**Comments**

- Administrative Skills
  - Artistic Skills
  - Communication Skills
  - Community Contacts (speakers, special venues)
  - Computer Skills
  - Corporate Relationships
  - Financial Skills
  - Organizational Skills (planning, implementing)
  - Public Relations/Publicity
  - Special Events Management
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please return this completed form to:**  
**Kim Mercado, Arthritis Foundation, Northern California Office**  
**657 Mission Street, Suite #603, San Francisco, CA 94105**  
For questions contact Kim at (415) 356-5484 or [kmercado@arthritis.org](mailto:kmercado@arthritis.org)