

**Bay Area Arthritis Auxiliary 2018
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
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Please return this completed form to:
Arthritis Foundation, Northern California Office
90 Montgomery Street Suite 710, San Francisco, CA 94105
For questions contact Suzanne Taves at 415-915-2862 or
staves@arthritis.org