

PHOENIX INDIAN MEDICAL CENTER AUXILIARY, INC.
2018 MEMBERSHIP

Date: ____/____/____

Name: _____

Address: _____

Phone: () _____ HOME

() _____ MOBILE

Email Address: _____

Membership Dues enclosed: (write check to PIMCA)

\$200 Life Time

\$ 20 One Year

Update Info Only
(for Life Time

members)

Benefits of membership:

Helps PIMCA support their mission

PIMCA voting rights

Inclusion in PIMCA directory

Invitation to PIMCA events

All information entered above will be printed in the 2018 Auxiliary Membership Directory. Mail form with payment to:

PIMC Auxiliary, Inc.
Attn: Membership
4212 N 16th Street, Phoenix AZ 85016

Or take form to gift shop and pay by cash or credit/debit card

PIMC Auxiliary Membership
www.pimca.org



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