

Complete this application for membership and make a difference today!

I would like to help with:

- ☐ Blood Drives
- ☐ Gift Shop
- ☐ Committees
- ☐ Scholarship Committee
- ☐ Fundraising Sales
- ☐ Kirby Derby
- ☐ Christmas Decorating
- ☐ Thrift Sales
- ☐ To comply with the healthcare facility COVID guidelines,
I am providing proof of COVID vaccination by attaching
a copy of my vaccination card.

Name (please print)

Date

Address

Home Phone

City

State

Cell Phone

Email

I am willing to pay the membership fees in one of two ways:

- ☐ Annual Membership Dues (\$15)
- ☐ Lifetime Membership Dues (\$100)

Please make checks payable to **Kirby Auxiliary**.

Mail to:
Kirby Auxiliary Membership
1000 Medical Center Drive
Monticello, IL 61856

We will keep all volunteers informed via email regarding important news, scheduling and opportunities to help.

PHONE

(217) 762-1926

WEBSITE

KirbyHealth.org/Auxiliary



Become a Member

Fellowship | Fun | Service

Becoming a member of the Kirby Auxiliary offers you the opportunity to join a dedicated group of volunteers who touch the lives of thousands and make a difference in the community every day. From scholarship programs to fundraising efforts that bring new technology and build new healing spaces, there is no end to what we can do together.



Thomas Dixon Memorial Scholarship



Annual Healthcare Scholarship



Serving Our Healthcare Community



Auxiliary in Action

