CATHOLIC
Medical
CENTER

CMC Associates Membership Application

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE #

DEPARTMENT

OCCUPATION

CMC ASSOCIATES REFERRAL

Membership Options:

☐ Lifetime $100 ☐ Active $25

Payment Options:

☐ Payment enclosed ☐ Bill me

I'd like to:

☐ Be on a committee ☐ Serve on the Board of Directors ☐ Volunteer at an event

I am a:

☐ CMC employee ☐ CMC volunteer ☐ Friend of CMC

Please make checks payable to:

Catholic Medical Center Associates

Mail to:

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102