

2017-18 Membership Application

Candidate's Name: _____

Home Address: _____

City, State, & Zip: _____

Home Phone: _____

Gender: M F Age: _____

Employer: _____

Work Address: _____

City, State, & Zip: _____

Work Phone: _____

Preferred E-mail Address: _____

Occupation: _____

Industry: Accounting Law Marketing/PR Services
 Advertising Healthcare Education Travel
 Consulting Financial Services Manufacturing
 Hospitality Food & Beverage Consumer Products
 Real Estate Technology Telecommunications
 Other: _____

Business Environment: Self-employed Small business Corporate
 Other: _____

Number of years you have lived in Chicago: _____

College Attended: _____

Graduate School Attended: _____

How did you learn about the Auxiliary Board of Northwestern Memorial Hospital?

Please list any current or former Auxiliary Board members that you have met or know personally.

Why would you like to become a member of the Auxiliary Board of Northwestern Memorial Hospital as opposed to other boards in the city?

Please list the Auxiliary Board events or functions you have attended and the year(s).

What professional or philanthropic skills can you bring to the Auxiliary Board?

What qualities or personal characteristics can you add to the Auxiliary Board?

What experience do you expect to gain from the Auxiliary Board?

How many hours per week could you reasonably dedicate to the Board: _____

Do you have any current obligations or conflicts that would prevent you from regularly attending monthly Board meetings and/or being an active contributor to a committee?

Please list any other volunteer organizations or trade associations with which you have been involved and the capacity in which you served. (Also indicate any on which you continue to serve.)

What business contacts, corporate donors or other connections do you have?

Please indicate specific contacts in the appropriate categories.

- Food & beverage contacts
 - Corporate funding contacts
 - In-kind goods/services contacts
 - Other: _____
 - Contact Names:
- Volunteer experience
 - Event planning experience
 - Sales/telemarketing experience
- Related education

Expectations of membership:

- Make an enthusiastic contribution by taking active roles on benefit committees.
- Support the efforts of the Auxiliary Board through attendance at its events.
- Add diversity to the Board and its mailing list and bring new people to events.
- Provide new resources and contacts for corporate funding and in-kind donations.

I have read the membership requirements. I am willing and able to invest my time, resources, and contacts to support the Auxiliary Board and its activities. I therefore submit my application for review by the Auxiliary Board and its members.

Date: _____ Signature: _____

Please send completed form to Scott McIntosh
Vice President, Membership
The Auxiliary Board of Northwestern Memorial Hospital
Scott.patrick.mcintosh@gmail.com