

WOMEN'S AUXILIARY OF NEXUS RECOVERY CENTER, INC.

MEMBERSHIP June 20 10 to June 20 11



Last Name _____ First Name _____ Spouse's Name _____

Address _____

Home Phone _____ Cell _____ Business Phone _____

Email _____ Fax _____

Address social invitations to (check one):

Mr. and Mrs. Dr. and Mrs. Mrs. Ms. Miss Dr.

Membership donation (check one):

Benefactress: \$1,000 and over Angel: \$500 - \$999 Patron: \$250 - \$499 Sustainer: \$75 Active: \$50

Enclosed is my check payable to Women's' Auxiliary of Nexus for \$ _____

Please charge \$ _____ to : VISA Mastercard

Credit Card #: _____ Expiration Date: _____ Signature _____

I AM INTERESTED IN ASSISTING WITH:

- | | | |
|--|---|---|
| <input type="checkbox"/> Addressing/Envelope Stuffing | <input type="checkbox"/> Fall Membership Tea | <input type="checkbox"/> Westapher Golf Tournament |
| <input type="checkbox"/> Volunteer/Mentor at Nexus Recovery Center | <input type="checkbox"/> Christmas Open House | <input type="checkbox"/> Fundraising/Underwriting |
| <input type="checkbox"/> Telephone Committee | <input type="checkbox"/> Annual Membership Luncheon | <input type="checkbox"/> My company has a matching donation program |

Please add names and addresses of friends you would like membership invitations sent to:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like a tour of the Nexus Recovery Center

From whom did you first learn about the Auxiliary? _____

Return to: Women's Auxiliary of Nexus Recovery Center, Inc., 8733 La Prada Drive, Dallas, Texas 75228