

**CARING HEARTS SOCIETY OF AUBURN**

**APPLICATION FOR MEMBERSHIP**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Husband / significant other name \_\_\_\_\_

Month / day of birth \_\_\_\_\_

Children's names, ages \_\_\_\_\_

Previous volunteer work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies, talents, interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to CHS? \_\_\_\_\_

P.O. Box 7219 Auburn, CA 95604 [www.CHSauburn.org](http://www.CHSauburn.org)

For more information: contact Cathy Mikles@ 916-764-0037