



Caring Hearts Society of Auburn

Membership Application

Name _____

Home Address _____

Mailing Address _____

Email Address _____

Month/Day of Birth _____

Spouse/Significant Other _____

Previous volunteer work _____

Hobbies/Interests/Talents _____

Who referred you to CHS? _____

P.O. Box 7219 Auburn, CA 95604

www.chsauburn.org

For more information, you may email us at chsauburn@gmail.com