



Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

E-mail: _____

Membership Level:

Lifetime Member \$200

Annual Regular \$15

Annual Senior \$5

Please add my donation of:

A gift of \$5

A gift of \$15

A gift of \$20

Other: \$ _____

Please, print this form and send it with your check to:

Samaritan Auxiliary

Attn: Membership Chair

830 Washington St,

Watertown, NY 13691