



Membership Application

For new or renewing members

Wood County Hospital



Membership Dues: \$10.00

Name (as you wish to be listed): _____

Address: _____

Phone Number: (____) _____ Email Address: _____

I would like to receive this newsletter via email

New Member

Renewal

I want to volunteer

This is a new address

Please make checks payable to: **Wood County Hospital Guild**

Please mail form with payment to:

Deb Smith

1402 Turnberry Ct., Bowling Green OH 43402

419-308-7338