



NEIGHBORHOOD HEALTH CLINIC GUILD MEMBERSHIP APPLICATION 2018-2019

Full Name:

Spouse's Name:

E-Mail Address:

Florida Home Address:

City, State, Zip:

Non Seasonal Address (if any):

City, State, Zip:

Preferred Phone Number:

Secondary Phone Number:

I am in Naples: Full Time Part Time (From To)

How did you learn about The Guild?

Have you toured the Neighborhood Health Clinic in the last 12 Months? YES NO

Guild Volunteer Opportunities: Please select the areas where you would most like to help. You may select more than one.

- Select date(s) to bring in lunch for the medical volunteers
- Work on the committee for the Guild Spring Luncheon
- Work on the committee for the Guild Welcome Back Party
- Work on the committee for the Holiday Party for patients and their families
- Attend an "Evening With A Purpose" Clinic tour and invite at least 2 other people

DUES: Membership dues for the Neighborhood Health Clinic Guild are \$150 per year. You may mail a check with your completed Membership Application, or you may pay by credit card by calling Marcie Burland at the Neighborhood Health Clinic at **(239) 316-7416**. For more information, EMAIL: mburland@neighborhoodhealthclinic.org

Send completed applications to:
Marcie Burland
Neighborhood Health Clinic (Attn. Guild)
121 Goodlette Road North
Naples, FL 34102