



NEIGHBORHOOD HEALTH CLINIC GUILD MEMBERSHIP 2019 - 2020

Full Name:

Spouse's Name:

E-Mail Address:

Florida Home Address:

City, State, Zip:

I am here from _____ to _____

Seasonal Address (if any):

City, State, Zip:

I am here from _____ to _____

Preferred Phone Number:

Secondary Phone Number:

How did you learn about The Guild?

Have you toured the Neighborhood Health Clinic in the last 12 months? _____ Yes _____ No

_____ I authorize the Neighborhood Health Clinic Guild to publish my membership in Guild reports and newsletters.

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

- _____ Bring in lunch for the medical volunteers
- _____ Assist with the Guild Spring Luncheon committee
- _____ Assist with an "Evening with a Purpose" committee
- _____ Attend an "Evening with a Purpose" Clinic tour and invite at least 2 other people
- _____ Assist with 2019 Guild Welcome Back Party committee
- _____ Have fun with your activity and join up with another Guild member

DUES: Membership dues for the Neighborhood Health Clinic Guild are \$150 per year. You may mail a check to the address below, complete payment online at, or pay by phone (239) 316-7416 for Marcie at Neighborhood Health Clinic.

APPLICATIONS: Complete applications may be emailed to mburland@clinicnaples.org or sent via postal service. If you are a returning member, complete the application only if you have changes from your previous application.

Send completed applications to:
Neighborhood Health Clinic (Attn. Guild)
88 12th Street North Suite 100
Naples FL 34102