

## Membership Renewal Form

Please fill in the following information so we can update our files. Please fill in all applicable information.

Date : \_\_\_\_\_

If you belong to a group please provide group name : \_\_\_\_\_

Do you work at the Hospital Gift Shop? Yes \_\_\_\_\_ no \_\_\_\_\_

Do you work at the Superfluity Thrift Shop? Yes \_\_\_\_\_ no \_\_\_\_\_

**If you answer yes** to the Superfluity Shop please fill in the following:

Department \_\_\_\_\_ Days \_\_\_\_\_ Am or PM \_\_\_\_\_

Are you available any other days or times? \_\_\_\_\_ Would you like to try out another position? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you a **Life Member**? Yes \_\_\_\_\_ No \_\_\_\_\_

**Annual Membership fee \$5.00**

**Comments or notes**

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