



SPIRITUAL CARE GUILD
of Children's Hospital Los Angeles

Membership Application

August 2018 - July 2019

MEMBERSHIP LEVELS:

___ **\$125 ACTIVE:** Attend any three meetings per year, serve on one committee, participate in at least one fundraising event per year, invited to all events.

___ **\$200 FRIEND OF SPIRITUAL CARE:** Invited to all events including our Member Hospital Tour.

___ **\$50 ANGEL:** Employee of Children's Hospital Los Angeles, invited to all events.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

HomePhone _____ Cell _____

Email _____

Areas of Interest:

Please share with us your areas of experience, interest, or talents:

___ Accounting/Budgeting

___ Hospitality

___ Underwriting

___ Photography/Artist

___ Website/Webmaster(**Wordpress**)

___ Printing

___ Event Planning

___ Public Relations/Social Media

___ Grant Writing

Please mail completed form and dues to:

Spiritual Care Guild
PO Box 50413
Pasadena, CA 91115