



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. Check all that apply

____ 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

You can also Register and Pay online at www.spiritualcareguild.org

revised 1/2019