

# The Auxiliary of St. Mary's Hospital

## Registration Form

Mr.

Mrs.

Miss

Name

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First Name

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Address

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City

---

Postal Code

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Telephone N°

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Membership Fees: \$15 / year (please check your choice)

1 year

2 years

3 years

Please make cheque payable to:

**The Auxiliary of St. Mary's Hospital Center**

**3830 Lacombe Avenue,**

**Montreal, Quebec H3T 1M5**