

# Join Friends of Altoona Regional Health System Today!

Please complete the information below, print the completed application, enclose it in an envelope with your membership fee and mail to:

**Friends of Altoona Regional Health System**  
Altoona Hospital Campus Gift Shop  
620 Howard Avenue  
Altoona, PA 16601

## Membership Categories:

- Annual Membership \$5/year
- Lifetime Membership \$50 (one-time fee)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- I am an employee of Altoona Regional
- I am a retiree of Altoona Regional
  - Bon Secours/Mercy
  - Altoona Hospital

Are you a School of Nursing graduate?

- I was a graduate of Altoona Hospital SON
- I was a graduate of Mercy Hospital SON

Please mark the box next to the committees on which you would most like to serve with a number. The number 1 (one) should indicate your first selection, 2 (two) your second selection, etc. You may mark as many boxes as you wish.

\_\_\_\_\_ Auditing Committee

\_\_\_\_\_ Baby Pictures Committee

\_\_\_\_\_ Finance (Budget) Committee

\_\_\_\_\_ Gift Shop Committee

\_\_\_\_\_ Hospitality Committee

\_\_\_\_\_ Nominating Committee

\_\_\_\_\_ Program Committee

\_\_\_\_\_ Scholarship Committee

\_\_\_\_\_ Sewing Committee

\_\_\_\_\_ Ways & Means Committee

\_\_\_\_\_ Health Promotion Committee

\_\_\_\_\_ Newsletter/Public Relations

\_\_\_\_\_ Committee

\_\_\_\_\_ Legislative Affairs Committee

For more information,

*please call 814-889-7826.*

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