

### MOST RECENT MEMBER INFORMATION ON FILE

Every year we strive to keep our member information updated for our upcoming Membership Directory. Thus, we ask you to review and correct any outdated information. Please fill in any blanks below or mark as N/A if no information is available. Your assistance is definitely appreciated.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Email address: \_\_\_\_\_

I joined LHAS (approx. year): \_\_\_\_\_ I am a (please circle): Life / Regular Member Birthdate: \_\_\_\_\_

Apt. or Unit #: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### DUES PAYMENT

\_\_\_\_ I am paying my dues of \$50.00 \_\_\_\_ I would like to become a life member for \$500.

\_\_\_\_ Cash \_\_\_\_ Please find my check enclosed and payable to "LHAS."

\_\_\_\_ I wish to charge my \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please print your name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

### AFFILIATIONS

\_\_\_\_ I/my significant other/my family member have an affiliation with UPMC.

Please describe affiliation: \_\_\_\_\_

### CORRESPONDENCE

May we publish your email address in our directory? \_\_\_\_ Yes \_\_\_\_ No

Please indicate your correspondence preferences:

	<i>E-Mail</i>	<i>Traditional</i>		<i>E-Mail</i>	<i>Traditional</i>
Announcements	_____	_____	General Information	_____	_____
Aider	_____	_____	Directory	_____	_____

### SPOUSE/SIGNIFICANT OTHER

Your Title: \_\_\_\_ Miss \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_ Mr.

Spouse/Significant Other \_\_\_\_ Miss \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Dr. \_\_\_\_ Mr.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Couple Name for Formal Invitations: \_\_\_\_\_

**MAKING A DIFFERENCE**

**Volunteer Opportunities** - Please check all that apply:

*On site volunteering includes complimentary meal, parking validation and a 10% discount at the LHAS Gift Shop.*

Making Phone Calls     LHAS Office     Mailings     LHAS Gift Shop

**Expertise you would be willing to share** - Please check all that apply:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Financial	<input type="checkbox"/> Newsletter Article Writing
<input type="checkbox"/> Advertising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Photography
<input type="checkbox"/> Archives & Historian	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Retail
<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Computer	<input type="checkbox"/> Insurance	<input type="checkbox"/> Underwriting & Sponsorship
<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Legal	<input type="checkbox"/> Web Page Design/Maintenance
<input type="checkbox"/> Fashion/Modeling	<input type="checkbox"/> Marketing	<input type="checkbox"/> Other: _____

**MAKING A DIFFERENCE**

**Committee Interests** - Please check all that apply:

<input type="checkbox"/> Community Allocations	<input type="checkbox"/> Grants	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Fall Luncheon	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Pups with Purpose
<input type="checkbox"/> Finance	<input type="checkbox"/> Membership Development & Retention	<input type="checkbox"/> Social Services
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Membership Recruitment	<input type="checkbox"/> Tea for the Soul
<input type="checkbox"/> Gala	<input type="checkbox"/> Membership Welcome Wagon	<input type="checkbox"/> Teen Dating Violence Awareness
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Orchid Fund	

What events, programs or fundraisers would you like to attend or see LHAS sponsor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate your interest, expertise or information changes by completing this form and return to us either by fax (412) 692-2682 or mail to our office:

Attn: Member Interest  
Ladies Hospital Aid Society (LHAS)  
3459 Fifth Avenue, Pittsburgh, PA 15213  
LHASOffice@gmail.com  
www.LHAS.net