

MOST RECENT MEMBER INFORMATION ON FILE

Last Name: _____ First Name: _____ Middle: _____
 Email address: _____
 I joined LHAS (approx. year): _____ I am a: Life / Regular Member. Birthdate: Month _____ Year _____
 Apt. or Unit #: _____ Street address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell: _____ Email: _____

CONTRIBUTION

____ Regular Membership (\$75.00) ____ Life Membership (\$500.00)
 ____ Check enclosed payable to "LHAS."
 ____ Visa ____ MasterCard ____ American Express ____ Discover
 Card Number: _____ Exp. Date: _____ CVV# _____
 Your name as it appears on the card: _____
 Signature: _____

LEGACY

____ I am part of the LHAS legacy. How? _____
 ____ I am interested in helping with the 120th Anniversary Celebration!

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	_____	_____

PARTNER/SPOUSE

Your Title: ____ Miss ____ Mrs. ____ Ms. ____ Dr. ____ Mr.
 Partner/Spouse ____ 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

<input type="checkbox"/> Accounting	<input type="checkbox"/> Financial	<input type="checkbox"/> Marketing
<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"/> Legal	<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"/> Journalism	<input type="checkbox"/> Web Page Design/Maintenance
<input type="checkbox"/> Social Media	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
<input type="checkbox"/> Constant Contact	<input type="checkbox"/> Other: _____	

I am interested in helping with the 120th Anniversary Celebration!

MAKING A DIFFERENCE

Committee Interests - Please check all that apply:

<input type="checkbox"/> Annual Meeting	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Fall Luncheon
<input type="checkbox"/> Spring Luncheon	<input type="checkbox"/> Membership Development & Retention	<input type="checkbox"/> Social Services
<input type="checkbox"/> Finance	<input type="checkbox"/> Monthly In-House Sales	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Gift Shop (MUH-PUH)	<input type="checkbox"/> Tree of Life MUH
<input type="checkbox"/> Community Grants	<input type="checkbox"/> UPMC Grants/Allocations	<input type="checkbox"/> LHAS Board Member
<input type="checkbox"/> Gala Chair	<input type="checkbox"/> Gala Co-Chair	<input type="checkbox"/> Gala Committee Member

LHAS Participation

Due to time and business constraints, I currently cannot participate in committee work, but will attend and otherwise support LHAS functions.

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)
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lhasoffice@gmail.com
www.LHAS.net
Phone: 412-648-6106