

INFORMATION

Miss Mrs. Ms. Dr. Mr.
 First Name: _____ Middle: _____
 Last Name: _____
 Preferred Name for Mailings: _____
 I am a Life Member Regular Member Preferred Pronouns _____
 Birthdate: (month/day) _____

CORRESPONDENCE

Preferred email address (please print): _____
 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	_____	_____	Invitations	_____	_____
Directory	_____	_____			

 I do not have an email address

ADDRESS

Home Information	Work Information
Address _____	Company Name _____
_____	Professional Title _____
City/State/Zip _____	Address _____
Home Tel# _____	_____
Mobile Tel# _____	City/State/Zip _____
Fax # _____	Work Tel# _____
Other # _____	May we solicit your company? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse/Significant Other Miss Mrs. Ms. Dr. Mr.
 First Name: _____ Middle: _____
 Last Name: _____
 Preferred **Couple** Name for Mailings: _____

LHAS MEMBER INTEREST FORM

MAKING A DIFFERENCE

Volunteer Opportunities - Please check all that apply:

In-house volunteering includes complimentary meal, parking validation and a 10% discount at the LHAS Gift Shop.

- | | |
|---|---|
| <input type="checkbox"/> Making Phone Calls | <input type="checkbox"/> LHAS Office |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> 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"/> 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"/> Other: _____ | |

Committee Interests - Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Gala Chair | <input type="checkbox"/> Gala Co-Chair | <input type="checkbox"/> Gala Committee Member |
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> Spring Fashion Show | <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 |

Please indicate the best times & days of the week you are available to help LHAS:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning (8 am to 12 Noon)							
Afternoon (1pm to 4pm)							
Evening (After 5pm)							

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

Other Comments _____

We are always looking to update our information. We ask that you complete this questionnaire and return to us either by fax (412) 692-2682 or mail to our office at:

LHAS
 Attn: Member Interest
 Ladies Hospital Aid Society (LHAS)
 3459 Fifth Avenue 7N, Pittsburgh, PA 15213
 lhas@upmc.edu
www.LHAS.net
 Phone: 412-648-6106