



## Dues Information

Thank you for your commitment to Cape Regional Health System through your membership in the Cape Regional Auxiliary! The past few years have been challenging but we are excited to begin to revitalize our Auxiliary post-COVID. We look forward to your active participation in our events!

Yearly membership dues are payable from January 1<sup>st</sup> through March 30<sup>th</sup> each year.

Annual dues of \$15 help us to cover the administrative costs for our fundraising events, as well as contribute towards our current pledge. If you are able and so inclined, we greatly appreciate your contribution of any donation amount in addition to the \$15 dues.

As always, thank you for everything you do! With your support, we have already contributed over \$645,000 towards our \$1.5M pledge to the Claire C. Brodesser Surgery Center Capital Campaign and we look forward to your continued membership and support. We welcome participation in our meetings and hope to see you at a meeting or event soon!

*Executive Board, Cape Regional Auxiliary and Marie Sluberski, Membership Chair*

❖ Please make checks payable to: **CAPE REGIONAL AUXILIARY** and mail to:

**Cape Regional Auxiliary  
2 Stone Harbor Blvd.  
Cape May Court House, New Jersey 08210**

❖ If there are any updates to your contact information over the next year, we would appreciate if you would inform us by emailing [caperegionalauxiliary@caperegional.com](mailto:caperegionalauxiliary@caperegional.com) so that we may update our records.

*(Please print clearly)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BRANCH: (Check one)     Cape May     MASH     Team Cape     Twigs     Wildwood

PHONE NUMBER: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
*(Year Optional)*

EMAIL ADDRESS: \_\_\_\_\_

\$15 Membership dues enclosed     Please accept this additional donation of \$\_\_\_\_\_ along with my dues

**PLEASE RETURN THIS PORTION OF THE LETTER WITH YOUR PAYMENT**