

Phoenix Indian Medical Center Auxiliary, INC. 2022 Membership

Date: _____/_____/_____ ___New Membership ___Renewal

Name: _____

Address: _____

Phone: () _____ HOME

() _____ MOBILE

Email Address: _____

Membership Dues enclosed: (write check to PIMCA)

___ \$200 Life Time ___ \$ 20 One Year ___ Update Info Only (for LifeTime members)

Benefits of membership:

- Helps PIMCA support their mission
- PIMCA voting rights
- Inclusion in PIMCA directory
- Invitation to PIMCA events

Mail form with payment to:

PIMC Auxiliary, Inc.

Attn: Membership

4212 N 16th Street, Phoenix AZ 85016

Box: Auxiliary

Or take form to gift shop and pay by cash or credit/debit card

PIMC Auxiliary Membership
www.pimca.org

