

St. Clair Hospital Auxiliary
Membership Application

Please print form, complete and mail to the addresses below.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Annual Dues: \$20

Please make check payable to St. Clair Hospital Auxiliary
and return to:

Registrar, St. Clair Hospital Auxiliary
St. Clair Hospital
1000 Bower Hill Road
Pittsburgh, PA 15243

If you have questions or need additional information, please call
412.942.2089.

Thank you.