

Guild of Ocean Medical Center

Working Together for a Healthy Community

Membership Form

- ☐ Please enroll me as a NEW member of the Guild.
- ☐ I am renewing my membership.
- ☐ I am unable to join the Guild at this time but would like to donate funds to help the Guild with its mission. Enclosed is my check for \$ _____
- ☐ Please contact me to volunteer for a committee.
- ☐ I do NOT wish to be listed in the Guild of Ocean Medical Center Membership Directory.

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Birthday:(Optional) _____

All check payable to Guild of Ocean Medical Center

\$20.00 Membership Dues

Please Return to:

Guild of Ocean Medical Center

Susan Scherler

794 South Drive

Brick, New Jersey 08724

Contact: 732-278-6444 / sscherler@comcast.net

Mission Statement

The Guild of Ocean Medical Center is a 501 (c)(3) non-profit organization committed to supporting the highest level of health care locally by funding educational and other health care services at the hospital and throughout the community.