



975 S. Fairmont Ave. ♦ P.O. Box 3004 ♦ Lodi, CA 95241 ♦ 209/334-3411 ♦ www.lodihealth.org

LODI MEMORIAL HOSPITAL ASSOCIATION MEMBERSHIP

- Yes, I would like to join the Lodi Memorial Hospital Association. I wish to pay the \$100 lifetime membership fee as indicated below.***

Payroll Deduction Authorization

Payment Options

- My check in the amount of \$100 (made payable to LMH Association) is attached.
- Please deduct the entire \$100 membership fee from my next paycheck.
- Please deduct \$50 from my next two (2) paychecks.
- Please deduct \$25 from my next four (4) paychecks.
- Please deduct \$20 from my next five (5) paychecks.

Your name (please print)

Employee Number

Department

Street Address

City

State

Zip Code

Name on Membership
(please indicate if this is a gift)

Gift membership

Self

Your signature

Date

Please forward the completed form to the Lodi Memorial Community Development Department

For hospital use only:

(date) added to association roster

(date) payroll deduction begins