

**LOURDESNET**  
2009 Membership Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender:  Male  Female

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

- Industry:
- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Accounting    | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Law           | <input type="checkbox"/> Hospitality        | <input type="checkbox"/> Education    |
| <input type="checkbox"/> Travel        | <input type="checkbox"/> Food & Beverage    | <input type="checkbox"/> Services     |
| <input type="checkbox"/> Advertising   | <input type="checkbox"/> Consumer Products  |                                       |
| <input type="checkbox"/> Healthcare    | <input type="checkbox"/> Real Estate        |                                       |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Technology         |                                       |
| <input type="checkbox"/> Consulting    | <input type="checkbox"/> Telecommunications |                                       |

Other: \_\_\_\_\_

Business Environment  Self Employed  Small Business  Corporate  Other

School Affiliations:	_____
	_____
	_____

How did you learn about LourdesNet? \_\_\_\_\_

Please list any members of the Lourdes Health System Board that you have met or know personally. \_\_\_\_\_

Why would you like to become a member of LourdesNet?

Please list any Lourdes Health System functions you have attended in the past three years. \_\_\_\_\_

Please list any other volunteer organizations or trade associations that you have been involved with and indicate whether you continue to serve.

Do you have any experience, or affiliations that might be of use to LourdesNet?

- Food & beverage contacts
- Volunteer experience
- Related education
- Corporate Funding Contacts
- Event Planning experience
- In-Kind goods/services contacts
- Sales/telemarketing experience
- Other: \_\_\_\_\_
- Contacts: \_\_\_\_\_

**EXPECTATIONS OF MEMBERSHIP:**

- ✓ Make an enthusiastic contribution by taking active roles on benefit committees.
    - ✓ Support the efforts of LourdesNet through attendance at its events.
  - ✓ Add diversity to the Board and its mailing list and bring new people to events.
    - ✓ Provide new resources and contacts for corporate funding and in-kind contributions.
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I HAVE READ THE MEMBERSHIP EXPECTATIONS AND I AM WILLING AND ABLE TO INVEST MY TIME, RESOURCES, AND CONTACTS TO SUPPORT LOURDESNET AND ITS ACTIVITIES. I UNDERSTAND THAT A POSITION ON THE BOARD IS AN IMPORTANT RESPONSIBILITY, AND I WILL DO ALL I CAN TO SUPPORT MY ROLE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to:

Linda Arceo  
Director of Grants and Institutional Relations  
Lourdes Health Foundation  
1600 Haddon Avenue  
Camden, NJ 08103