



Ozark Guidance Auxiliary

MEMBERSHIP FORM

The information on this form is considered CONFIDENTIAL.

It may be used by the Ozark Guidance Auxiliary, the Ozark Guidance Board of Directors/Board of Trustees
or the Ozark Guidance Advancement Office

Name _____

Home Address _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Email _____ Fax _____

Occupation _____

Business Address _____

Educational Background _____

Organization, Community Services or Special Interests:

Please check the specific kind(s) of service that you would like to provide as a member of the Auxiliary:

Program Volunteer:

Preschool Children

School Age
Elementary
Children

School Age
Adolescents

Habberton House

Adult Services

**Special Events
Volunteer:**

Mental Health
Month (May)

Butterfly Festival
(May)

Golf Tournament
(August)

Walk A Mile In
My Shoes
(October)

Directors Circle
Dinner (October)

Health Fairs

I would be
interested in an
Auxiliary
leadership role.

Please return form to:
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Ozark Guidance Foundation
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Springdale, AR 72766-6430
Fax: (479) 695-1242
Office: (479) 695-1240
Mobile: (479) 236-0236
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