

FRIENDS OF TMC

2017-2018

VOLUNTEER AND AUXILIARY SERVICES OFFICE
2301 HOLMES ROAD, KANSAS CITY, MO 64108 ATTN: LISA MARTIN
816-404-3300 (F) 816-404-3305
LISA.MARTIN@TMCMED.ORG

Mr. Mrs. Ms. Dr. _____
(First Name) (MI) (Last Name)

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ Email _____

Employer Information: Present Employer Previous Retired

Employer Occupation

Emergency Contact: _____ Phone: _____

Birthday (Month & Day) _____

Special Skills or Interest: _____

Type of Membership and Annual Dues*: Individual \$15.00 Associate (TMC Employee) \$15.00
(See reverse side for payroll withdrawal form)
 Sustaining \$150.00 Department/Community Organizations \$250.00
 Other _____

I would be interested in helping with one or more of the following activities:

- | | |
|--|---|
| <input type="checkbox"/> Ways and Means (fundraising events) | <input type="checkbox"/> Newsletter/Publicity |
| <input type="checkbox"/> Board Position/Committee Chair | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Gift Shop Volunteer | <input type="checkbox"/> Other: |

Applicant Signature _____
Recommended by _____

_____ Date

*Make checks payable to: **Friends of TMC [a 501 (c) 3 org]**
Send with application form to address listed above.

For Office Use Only:

Date Received _____
Check # _____ Cash _____
Amount Received _____

The fiscal year: July 1, 2017 - June 30, 2018

Employee Payroll Deduction Form

Truman Campus: HH _____ LW _____ BH _____ TECH Center _____ OTHER _____

Department Name _____ TMC Phone Extension _____

Type of Membership Dues: Associate (TMC Employee) \$15.00*

- I want to be a Member of the *Friends of TMC* by paying my annual dues through payroll deduction.
- This amount will be deducted over 1 (one) pay period.
- In the event I cease to be a TMC employee, I understand the unpaid balance of this transaction will be deducted from my final paycheck.

Employee Signature

Employee #

Date

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