



SPIRITUAL CARE GUILD  
of Childrens Hospital Los Angeles

## Membership Form

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

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

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Please select one of the following Membership Categories:

**FRIEND OF SPIRITUAL CARE:** \_\_\_\_\_

Encouraged to attend Hospital Tour Meeting

No meetings required

No committee or event requirements

Included in directory

Invited to all events

\$ 200.00 Dues per year \*\*

\*\* Completed forms and dues payable to Spiritual Care Guild should be mailed to:  
MEMBERSHIP – P.O. Box 50413 Pasadena, CA 91115