



Thank you for your interest in joining a Guild of Valley Children's Hospital. Please fill out the following information and send it to the Guild Office:

First & Last Name: _____

Email Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Address: _____

City: _____ State & Zip: _____

Please list your hobbies, interests or talents (cooking, sales, etc.):

1. _____
2. _____
3. _____

Which areas are you interested in joining? (Example: Fresno, Clovis, Merced, Kings, etc.)

1. _____
2. _____
3. _____

What approximate age range of Guild Members are you most comfortable with:

_____ 20-45

_____ 45-65

_____ 65 +

_____ Doesn't Matter