



The Children's Health Council Auxiliary

invites you to become a member!

Name _____

Spouse _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Annual Membership Fee: \$40

Please make checks payable to: CHC Auxiliary

Please return completed form and payment to:

The Children's Health Council Auxiliary

650 Clark Way

Palo Alto, CA 94304

For more information about membership or programs, please contact the CHC Auxiliary:

By Phone (650) 617-3816

Online www.chconline.org/auxiliary