



Membership Questionnaire

Name: _____

Occupation: _____

Sponsored by: _____

How did you hear about Founders Club?

Have you attended a Founders Club event? If so, which event?

What draws you to Founders Club and Community Health System?

What other charitable organization(s) do you support or have you supported in the past? Please describe your role in the organization(s)?

Describe your strongest attribute(s) that will benefit the club.
