



BC Association of Healthcare Auxiliaries

LIFE MEMBERSHIP APPLICATION

Life Membership in the British Columbia Association of Healthcare Auxiliaries may be granted to an individual Auxiliary member as a token of high esteem and not as a matter of course after 25 years or simply to thank a retiring president. A Member Auxiliary may apply for one of the following criteria:

1.12.1.1 The individual has served the auxiliary in outstanding leadership and/or executive role for a minimum of ten years.

1.12.1.2 The individual has served the auxiliary providing long-standing and reliable service and commitment for a minimum of 20 years.

Submit the original application to the **BCAHA office of the Director of Finance: 5105 Lansdowne Road Spallumcheen, BC V1Y 4A5**

together with a donation of \$ 200 payable to the BCAHA Tribute Fund. A copy of the application should also be sent to the Area Director.

Upon approval, a certificate and pin showing Provincial Life Member are presented to the individual, usually at the next BCAHA Annual Meeting. (Or, as alternatively arranged.)

Please complete the following: (Please print.)

Name of Auxiliary _____	
Address _____ City/Town: _____	
Name of Member to be honored (as it should appear on Certificate) _____	
<u>LEADERSHIP/EXECUTIVE SERVICE</u>	<u>LONGSTANDING RELIABLE SERVICE</u>
Name(s) of Facility(s) Number of years _____ _____ _____	Name(s) of facility(s) Number of years _____ _____ _____
<u>List executive/convenor positions</u> _____ _____ _____	<u>List activities and years of involvement</u> _____ _____ _____



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<p>1. List additional time and/or talents that contributed to Auxiliary or</p> <p>_____</p> <p>_____</p>
<p>2. Has the individual received recognition or awards from her/his Auxiliary. YES _____ NO _____</p> <p>If Yes please list: _____</p> <p>_____</p> <p>_____</p>
<p>3. Application has been approved by your Auxiliary Executive YES _____ NO _____</p>
<p>4. Please attach a letter outlining why the individual is deserving of a Provincial Life Membership Award.</p>
<p>5. Enclose a cheque for a fee payable. (If an application is declined, the cheque will be returned to you.)</p>

I acknowledge all future dues payable to BCAHA and the Area Director for the individual is an obligation, until death, of the sponsoring Auxiliary.
I affirm a copy of this application has been sent to the Area Director.

Application submitted by _____

Date _____

Position _____

Address _____ Telephone _____

Email: _____

OFFICE USE	
Date application received; _____	Board approval
Date presented _____	