

BRITISH COLUMBIA ASSOCIATION OF HEALTHCARE AUXILIARIES

BCAHA c/o 410 Summit Drive, Nanaimo, BC V9T 5R2

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NOTICE OF CHANGE OF EXECUTIVE

NAME OF AUXILIARY_____

EMAIL ADDRESS OF AUXILIARY_____

OUTGOING PRESIDENT’S NAME _____

EMAIL ADDRESS_____

INCOMING PRESIDENT’S NAME_____

EMAIL ADDRESS _____

MAILING ADDRESS_____

PHONE NUMBER_____

IF NEW PRESIDENT DOES NOT HAVE EMAIL PERSON TO SEND ELECTRONIC COMMUNICATIONS TO

NAME_____

EMAIL ADDRESS_____