

**MEMBERSHIP APPLICATION/RENEWAL FORM**

**BRITISH COLUMBIA ASSOCIATION OF HEALTHCARE AUXILIARIES**

BCAHA Secretary, 410 Summit Drive, Nanaimo, BC V9T 5R2

Email: [info@bchealthcareaux.org](mailto:info@bchealthcareaux.org)

Website: [www.bchealthcareaux.org](http://www.bchealthcareaux.org)

Official Name of Auxiliary

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Mailing Address

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Postal Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Health Care Facility Name \_\_\_\_\_

Date the Auxiliary was formed \_\_\_\_\_

Auxiliary Adult Members (including life) \_\_\_\_\_ Youth Volunteers \_\_\_\_\_

Is Auxiliary a registered BC Society \_\_\_\_\_yes\_\_\_\_\_no

Is Auxiliary a Canadian Registered Charity? \_\_\_\_\_yes\_\_\_\_\_no

Does Your Auxiliary:

Have a Gift Shop? \_\_\_\_\_yes\_\_\_\_\_no

Have a Thrift Shop? \_\_\_\_\_yes\_\_\_\_\_no

Have a Newsletter? \_\_\_\_\_yes\_\_\_\_\_no

Have a Website \_\_\_\_\_yes\_\_\_\_\_no

If so what is address \_\_\_\_\_

Receive Community Gaming Grant Funding? \_\_\_\_\_yes\_\_\_\_\_no

Receive funding through any other grants? \_\_\_\_\_yes\_\_\_\_\_no

Receive corporate sponsorship for events? \_\_\_\_\_yes\_\_\_\_\_no

Receive bequests or In Memoriam donations? \_\_\_\_\_yes\_\_\_\_\_no

Does your auxiliary have a paid person in any position? \_\_\_\_\_yes\_\_\_\_\_no

If YES, in what capacity? \_\_\_\_\_

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*[Date of Application/Renewal]*

*[Signature of President]*