



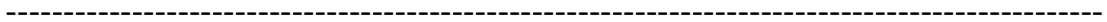
BC Association of
Healthcare Auxiliaries

BCAHA North West Area Dues for the Year 2018

Please mail a cheque for your Auxiliary's **Area Dues**, calculated using the following formula, along with a completed **Slate of Officers** form for your Auxiliary, to your Northwest Area Representative at the following address:

North West Area Director
BC Association of Healthcare Auxiliaries
P.O. Box 3497, Smithers, BC
VOJ 2N0

Thank you very much.



BCAHA Area Dues NW

For the _____ Auxiliary.

BCAHA Area membership dues are payable before January 31, 2018, based on the following formula:

_____ Members at December 31, 2017 X 10.00 = \$ _____

Members includes Life Members and is for the year ending December 31, 2017.

Please return this portion with your payment and roster in the envelope provided.