

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 submit an application under one of the following criteria:

1. Individual has served the auxiliary in an outstanding leadership and/or executive role for minimum ten years.
2. Individual has served the auxiliary providing long standing and reliable service and commitment for a minimum of 20 years.

Submit original application to BCAHA Secretary, Box 623, Revelstoke, BC, V0E 2S0 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 is 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 honoured (as it should appear on Certificate) _____			
<u>LEADERSHIP/EXECUTIVE SERVICE</u>		<u>LONG STANDING RELIABLE SERVICE</u>	
Name(s) of Facility(s) of years	Number of years	Name(s) of facility(s)	Number of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
List executive/convenor positions	_____	List activities and years of involvement	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. List additional time and/or talents contributed to Auxiliary or Facility.

2. Has the individual previously received recognition or awards from her Auxiliary
YES ___ NO ___

If Yes, please list: _____

3. Application has been approved by your Auxiliary Executive YES ___ NO ___

4. Please attach a letter outlining why individual is deserving of a Provincial Life Membership Award.

5. Enclose cheque for fee payable. (If application is declined, cheque will be returned to you.)

I acknowledge all future dues payable to BCAHA and to 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 _____

E-mail _____

OFFICE USE

Date application received _____

Board approval _____

Date presented _____