

MEMBERSHIP APPLICATION/RENEWAL FORM

BRITISH COLUMBIA ASSOCIATION OF HEALTHCARE AUXILIARIES

BCAHA Secretary, Box 623, Revelstoke, BC, V0E 2S0

Email: info@bchealthcareaux.org

Website: www.bchealthcareaux.org

Official Name of Auxiliary

Mailing Address

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 its 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? _____

[Date of Application/Renewal]

[Signature of President]