



BC Association of Healthcare Auxiliaries

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 apply for one of the following criteria:

- 1.12.1.1 The individual has served the auxiliary in outstanding leadership and/or executive role for a minimum of ten years.
- 1.12.1.2 The individual has served the auxiliary providing long-standing and reliable service and commitment for a minimum of 20 years.

Submit the original application to the **BCAHA office of the Director of Finance: 682 Montcalm rd Trail B.C. V1R 2J8** 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 are 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 honored (as it should appear on Certificate) _____																																																									
<p><u>LEADERSHIP/EXECUTIVE SERVICE</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name(s) of Facility(s)</th> <th style="width: 30%;">Number of years</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p><u>List executive/convenor positions</u></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name(s) of Facility(s)	Number of years	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p><u>LONGSTANDING RELIABLE SERVICE</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name(s) of facility(s)</th> <th style="width: 30%;">Number of years</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p><u>List activities and years of involvement</u></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name(s) of facility(s)	Number of years	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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1. List additional time and/or talents that contributed to Auxiliary or

2. Has the individual received recognition or awards from her/his 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 the individual is deserving of a Provincial Life Membership Award.

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

I acknowledge all future dues payable to BCAHA and 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 _____

Email: _____

OFFICE USE

Date application received; _____

Board approval

Date presented _____



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