

MEMBERSHIP APPLICATION/RENEWAL FORM

BRITISH COLUMBIA ASSOCIATION OF HEALTHCARE AUXILIARIES

BCAHA Secretary, 2170 3 Ave SE, Salmon Arm, BC, V1E 1K1

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)

