



BC Association of
Healthcare Auxiliaries

Helping Healthcare the Auxiliary Way

Members Name: _____ **Phone:** _____

Member's Address: _____ **E-Mail:** _____

_____ **Postal Code** _____

Previous Auxiliary _____

Auxiliary President: _____ **E-mail:** _____

Mailing Address: _____ **Phone:** _____

_____ **Postal Code** _____

Members Years of Service: _____ **Original Membership Date** ____/____/____

Positions Held:

Number of years:

Please list additional positions and information re: your service to your auxiliary on a separate page and attach

To Whom It May Concern:

_____ is a member in good standing of the
_____ Auxiliary who has
moved to your area and wishes to transfer her BCAHA membership to the
_____ Auxiliary.

We hereby request that you welcome _____ and grant
Her full membership with all the rights and privileges that you accord to your
Auxiliary Members.

As a Member in good standing of the BC Association of Healthcare Auxiliaries,
_____ years of service as recorded herein are to be transferred to
your Auxiliary and are to be taken into consideration for any years of service
awards including any future nomination which may be made for Life
Memberships either within your Auxiliary or in the BC Association of
Healthcare Auxiliaries.

_____ will be a great asset to your Auxiliary.

Sincerely,

BCAHA Director of Communications

**President,
BC Association of Healthcare Auxiliaries**