



BC Association of Healthcare Auxiliaries

Helping Healthcare the Auxiliary Way

Please complete and send to your Area Director after your Yearly AGM

AUXILIARY NAME (LEGAL) _____

SLATE OF OFFICERS **AS OF YOUR LATEST AGM**

**if president/lead contact does not have email, please provide an alternate contact person who may receive electronic mailing.*

PLEASE PRINT LEGIBLY

Office	Name	**	Telephone	e mail
Lead Contact: Role: (President/Director)				
*Alternate contact : Role:				
Contact: Role:				
Contact: Role:				
Treasurer				
Secretary				
Website:			N/A	N/A
Facebook:			N/A	N/A
Month elections held & Preferred email for communications				

If more than one Director to receive emails, please mark each with an *

Revised Sept 2024