



# THE GABRIOLA AUXILIARY FOR ISLAND HEALTH CARE SOCIETY MEMBERSHIP RENEWAL FORM

*Please print. This form must accompany payment, unless done in person at the AGM meeting.*

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Spelling of 1<sup>st</sup> Name to show on NAME TAG: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home): ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**You are encouraged to attend meetings. All members are expected to volunteer at least 4 hours a month. Membership Dues of \$12 annually are to be paid by January 1<sup>st</sup>. Dues are for calendar year and are not prorated.**

**Breakdown of current dues: BCAHA \$6.00, Vancouver Island Area Rep \$2.00 Auxiliary Education \$4.00**

**I wish to volunteer/continue to volunteer in the following area:**

		Preferred times:
<b>SOCIETY</b> such as bookkeeping, media, etc.	Yes: _____ No: _____	_____
<b>COMMITTEE/BOARD</b>	Yes: _____ No: _____	_____
<b>STORE &amp; SCOOPERS:</b>	Yes: _____ No: _____	_____
<b>MEALS ON WHEELS:</b>	Yes: _____ No: _____	_____
<b>DRIVERS TO DOCTORS:</b>	Yes: _____ No: _____	_____
<b>EVENTS:</b>	Yes: _____ No: _____	_____

I want to receive all **OTHER VOLUNTEER OPPORTUNITIES:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

We welcome feedback/suggestions based on your volunteer experience with us this past year.

*Please take a copy of this form for your records.*

*Cash or cheque made payable to: Gabriola Auxiliary for Island Health Care Society along with form can be dropped off at the GABE Shop or mailed to GAIHCS, P.O. Box 219, Gabriola, V0R 1X0*

*Our by-laws are on our website: [www.members.shaw.ca/Gabriola-Auxiliary](http://www.members.shaw.ca/Gabriola-Auxiliary)*

Signature: \_\_\_\_\_

*Thank you for your continued membership in our organization.*