

**NORTH LAKE TAHOE COMMUNITY HEALTH CARE AUXILIARY
APPLICATION/RENEWAL FORM - 1/1 TO 12/31 OF CURRENT YEAR**

Full Name		Spouse's Name:	
Mailing Address		Zip	
Physical Address		Zip	
Phone (home)	(work)	(cell)	
E-mail Address	OK to email newsletter? Yes No		← ←
	OK to publish email in Roster? Yes No		
Person to notify in case of illness			Phone
Birthday (no year)			

SMOCK SIZE

XL	L	M	S	XS
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SERVICE PREFERRED

Gift Shop	Emergency Room -- no students allowed to volunteer
Physical Therapy in Incline Village	

Days preferred	Time preferred
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Do you speak a foreign language? Specify	Do you have special skills?
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MEMBERSHIP DUES

Payment is due for the calendar year (Jan 1 to Dec. 31)

\$35.00
There will be only one Membership Category with all members expected to participate.
If joining after July 1st, your dues are \$2.00 per month remaining in the year.

I hereby make application for membership in the North Lake Tahoe Community Health Care Auxiliary. I agree to uphold the Bylaws and Rules of the Auxiliary and the Institution that it serves. I understand that my membership is renewable annually on January 1. Payment for the current year is enclosed.

Signed _____ **on (date)** _____

Make check payable to NLCHCA and mail with application/renewal to:

Kathi Congistre, PO Box 4241, Incline Village, NV 89451

For information, call Kathi Congistre, Membership Chair, 831-4360 kathicon@sbcglobal.net

Or JoAn Hagy, President, 831-5779 usc5458@gmail.com