

# NORTH LAKE TAHOE COMMUNITY HEALTH CARE AUXILIARY APPLICATION/RENEWAL FORM

<i>Full Name</i>	<i>Date</i>
<i>Mailing Address</i>	<i>Zip</i>
<i>Physical Address</i>	<i>Zip</i>
<i>Phone (home)</i>	<i>(work)</i> <span style="margin-left: 100px;"><i>(cell)</i></span>
<i>E-mail</i>	<i>Spouse's Name</i>
<i>Person to notify in case of illness</i>	<i>Phone</i>
<i>Birthday (no year)</i>	

### SMOCK SIZE

XL	L	M	S	XS
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### SERVICE PREFERRED

<i>Gift Shop</i>	<i>Emergency Room</i>
<i>Med/Surg Floor</i>	<i>Computer Skills/Clerical</i>
<i>Telephone Answering</i>	<i>Filing</i>

<i>Days/Time preferred</i>	<i>Are you willing to serve on the emergency phone tree?</i>
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<i>Do you speak a foreign language? Specify.</i>	<i>Do you have special skills?</i>
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### MEMBERSHIP TYPE

<i>Active: 70 volunteer hours/year</i>	<i>\$15.00</i>
<i>Associate: 35 volunteer hours/year</i>	<i>\$35.00 - \$49.99</i>
<i>Sponsor</i>	<i>\$50.00 - \$499.99</i>
<i>Patron</i>	<i>\$500.00 - \$999.99</i>
<i>Benefactor</i>	<i>\$1,000.00 - or more</i>

**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/coming year is enclosed.**

Signed \_\_\_\_\_ on (date) \_\_\_\_\_

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

**NLCHCA Membership Chairman  
PO Box 8085  
Incline Village NV 89452**