

**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 |
|----|---|---|---|----|

SERVICE PREFERRED

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

| | |
|-----------------------|-----------------------|
| Days preferred | Time preferred |
|-----------------------|-----------------------|

| | |
|-------------------------------------------------|------------------------------------|
| Do you speak a foreign language? Specify | Do you have special skills? |
|-------------------------------------------------|------------------------------------|

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 NLTCHCA and mail with application/renewal to:

Jill Warner, 600 Village, Incline Village, NV 89451

For information, contact

Joanellen Slocumb, Membership Chair, 775-722-8502 jeincline@gmail.com

Kathi Congistre, President, 408-483-6028 kathicon@gmail.com