



Lady Minto Hospital Auxiliary

*Supporting the comfort & care of patients and residents
of Southern Gulf Island health-care facilities*

MEMBERSHIP APPLICATION

Please complete this form and

- Drop it off at our Thrift Shop or
- Email it to contact@lmhas.ca or
- mail it to Lady Minto Hospital Auxiliary Society
328 Lower Ganges Rd
Salt Spring Island BC V8K 2V3

DATE _____

NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

What part of our organization would you like to donate your time and energy to?
Please indicate your choices below.....

With residents at **Extended Care**? Day of the Week? _____ AM? Or PM?

With residents at **Greenwoods/Braehaven**? Which Day? _____ AM? Or PM?

Work at the **Thrift Shop**? Which day of the week? _____ AM? Or PM?

Would you prefer working at home..... Knitting? Baking? Other craft?

Interests and Skills: _____

How did you find out about our Auxiliary? _____

You will be contacted by our Membership Officer to discuss volunteer duties, training, scheduling, security check, etc. After these preliminaries, assignment to a location and orientation, plus your payment of the \$10.00 annual fee, we will happily count you as a new Auxiliary Member.

THANK YOU FOR VOLUNTEERING