

ELECTION REPORT AND
MEMBERSHIP ROSTER INFORMATION—FORM 1
Hospital Auxiliaries of Kansas (HAK)

Date Completed _____
(Please type or print)

District # _____

Name of Auxiliary Group _____
(as it should appear in HAK roster)

Name of Hospital _____
(as it should appear in HAK roster)

Number of acute care beds as registered with
KHA _____

Hospital
Address _____
Street city/zip Business Phone

Hospital Administrator or CEO _____
Business Phone

DVS/Volunteer
Coordinator _____
Business Phone

Please include email address _____

AUXILIARY PRESIDENT _____

Address city/zip email address

Home phone Cell Phone

AUXILIARY PRESIDENT-ELECT OR V.P.
(Circle) _____

Address city/zip email address

Home phone Cell Phone

Send a copy to the District Coordinator, President-Elect and the Membership Secretary by **November 15** and keep one for your files. If there are any changes to the above information, throughout the year, please send corrections by resubmitting Form 1, with changes, to the above-mentioned board members.

Revised Spring 2020 (JE/KLH)#