



NEW MEMBER INFORMATION AND DUES REMITTANCE FORM

Yes, I accept the opportunity to become a member of Assistance League® of Whittier.

MEMBER INFORMATION Name: \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_
EMERGENCY CONTACT INFORMATION
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
PHILANTHROPIC PROGRAMS/FUNDRAISING OF INTEREST SPECIAL SKILLS & TRAINING (e.g., finance, computer skills, merchandizing, teacher, writing, etc.)
TYPE OF MEMBERSHIP AND REMITTANCE AMOUNT (\*Dues include \$ \$75 Luncheon Fee \$35, One Time Fee - \$40)
[ ] Voting..... \$ 150\* [ ] Nonvoting..... \$ 90
PHOTO AND NAME RELEASE
[ ] Yes Assistance League® of Whittier has my permission to include my name as a member of and/or donor to Assistance League® in its printed materials such as chapter newsletters, event invitations or programs, press releases, etc.
[ ] No Assistance League also has my permission to use any photographs of me taken in connection with Assistance League® activities in its printed materials.
INSURANCE
[ ] Yes I understand that I am required to provide my own health and accident insurance. Assistance League® of Whittier is not responsible for any medical or legal expenses that may result from any injury or illness that I may sustain while participating in Assistance League activities.
I also agree that I shall maintain adequate personal automobile insurance while using my own vehicle for Assistance League of Whittier business and shall not hold Assistance League liable for any claims that may result from accidents occurring while I am using my own vehicle for Assistance League business.
POLICIES
[ ] Yes I have read and agree to abide by the whistleblower protection policy of Assistance League® of Whittier.
[ ] Yes I have read and agree to abide by the conflict of interest policy of Assistance League® of Whittier.
Check one of the boxes below:
[ ] I have no conflict(s) of interest to report:
[ ] I have the following conflict(s) of interest to report: \_\_\_\_\_
BACKGROUND INFORMATION
[ ] Yes Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of the crime(s), when and where convicted and disposition of the case.
[ ] No (Convictions for marijuana-related offenses that are more than two years old need not be listed.)
\*Complete date of birth is required by our National Assistance League® Headquarters.
Note: No person will be denied membership solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the activities of the chapter may, however, be considered.)
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail completed form to: Assistance League® of Whittier, 6339 S. Greenleaf Ave., Whittier, CA 90601 562/693-6533

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