



MEMBERSHIP APPLICATION

Name: _____ Date: _____

Membership Category:

Voting : _____ \$80, includes \$60 annual dues + \$20 new member fee
 (\$50 Dec. thru March, includes \$30 annual dues + \$20 new member fee)
 Attend a minimum of 6 Regular monthly meetings & serve on 1 or more committees

Non-Voting: _____ \$105, includes \$85 annual dues + \$20 new member fee
 (\$62.50 Dec. thru March, includes \$42.50 dues + \$20 new member fee)
 Meeting attendance optional, participation encouraged

Address: _____
 _____ Zip: _____

Phones: Home: _____ Work: _____
 Cell: _____ Fax: _____

E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Birthday: (MM/DD) _____ Spouse's Name: _____

I heard about Assistance League through: _____

Reason for joining: _____

SKILLS / INTERESTS Circle all that apply

Arts & Crafts	Cooking	Calligraphy	Photography
Writing	Grant Writing	Office/Admin	Finance
Computer Skills	Data Entry	Research	Marketing
Strategic Planning	Meeting Arrangements	Event Planning	Display/Exhibits
Public Speaking	Music/Entertainment	Soliciting Donations	Foreign Language

Other skills/interests, please explain:

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Past and present professional/ life experiences:

Past and present community / volunteer experience:

Family Information:

Spouse's Occupation:

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please explain:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for denying membership in the organization or for immediate termination of membership at any point in the future. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____

Send completed form and check payable to ALGC to:

MEMBERSHIP CHAIRMAN
ASSISTANCE LEAGUE
1057 META DRIVE
CINCINNATI, OH 45237

Phone: (513) 221-4447

Email: algc@fuse.net

Website: www.assistanceleaguecincinnati.org

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