



Assistance League Of Greater Cincinnati New Member Information Form 2021- 2022

Name: _____ Date _____
(Please print clearly)

MEMBERSHIP CATEGORY:

Voting: _____ \$80, includes \$60 annual dues and \$20 new member fee.

(\$50 Dec. through March, includes \$30 annual dues & \$20 new member fee.)

Voting members attend a minimum of 5 regular monthly meetings & serve on one or more committees.

Non-Voting: _____ \$105, includes \$85 annual dues and \$20 new member fee.

(\$62.50 Dec. through March, includes \$42.50 annual dues & \$20 new member fee.)

Meeting attendance for non-voting members is optional, but participation is encouraged.

* Note: Your full dues are tax-deductible. \$40 of your membership dues goes directly to National.

Address: _____

Phones #'s: Home: _____ Work: _____ Cell: _____

Email address: _____

Birthday (MM/DD): _____ / _____

I heard about Assistance League through: _____

EMERGENCY CONTACT INFORMATION:

Name/Relationship: _____

Phones #'s: Home: _____ Work: _____ Cell: _____

TURN OVER TO COMPLETE REMAINDER OF YOUR INFORMATION

INSURANCE

___YES ___NO I understand that I shall maintain my own health and accident insurance. Assistance League of Greater Cincinnati 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 further release ALGC from any injuries or illness I may sustain while participating in ALGC activities.

___YES ___NO I agree that I shall maintain a valid driver's license and adequate personal automobile insurance if I am using my own vehicle for Assistance League of Greater Cincinnati business.

BACKGROUND INFORMATION:

___YES ___NO Have you ever been convicted of or pleaded "no contest" to a felony?

If "YES", please explain: _____

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 to the activities of the chapter may, however, be considered.

I certify that the 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 your completed New Member Form and check payable to ALGC to:

**ATTN: Membership VP
Assistance League of Greater Cincinnati
1057 Meta Drive, Cincinnati, OH 45237
Email: algc@fuse.net Phone: 513-221-4447**

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