

ASSISTANCE LEAGUE OF GREATER CINCINNATI NEW MEMBERSHIP APPLICATION 2016-2017

Please print clearly.

Name: _____ Date _____

MEMBERSHIP CATEGORY:

Voting: _____ \$80, includes \$60 annual dues and \$20 new member fee.
(\$50 Dec. thru March, includes \$30 annual dues & \$20 new member fee.)
Attend a minimum of 5 regular monthly meetings and serve on one or more committees.

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

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

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: _____

PHOTO AND NAME RELEASE:

YES NO Assistance League of Greater Cincinnati has my permission to include my name as a member of and/or donor to Assistance League in its electronic and printed materials. Assistance League also has my permission to use any photographs of me taken in connection with Assistance League activities in its electronic and printed materials.

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 liability for 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:

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.

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: _____

Send completed form and check payable to ALGC to:
Membership Chairman, Assistance League, 1057 Meta Drive, Cincinnati, Ohio, 45237

Revised May 2016