Assistance League® of Greater Cincinnati
New Member Information Form

2026-2027

Name: _____ **Date** _____
(Please print clearly)

MEMBERSHIP CATEGORY:

Regular: _____ **$80 Annual dues for fiscal year ending May 31, 2027**
Reduced to $40.00 if joining joins after Nov 30.
Member joining after March no dues until next fiscal year.
Regular members attend as many regular monthly meetings as possible and are encouraged to **serve on one or more committees**. Regular members are eligible to vote.

Associate: _____ **$105, Annual due for fiscal year ending May 31, 2027**
Reduced to $55.00 if joining after November 30.
Associate members attend as many regular monthly meetings as possible and serve on as many committees as they have availability.

* Note: **Your dues are tax-deductible.** A portion of your dues are submitted to National Assistance League for their support.

Address: _____

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

Email address: _____

Birthday (MM/DD): _____ / _____

I heard about Assistance League through: _____

Please indicate by placing an X on the line of one or more committees or programs that interest you:
Committees: _____Membership_____ Fundraising_____ Marketing/Communication_____ Operations
_____ Finance ____Technology (Website, Facebook, Excel, Canva)
Programs: _____ALCares4Kids_____Assault Survivor Kits_____New Beginnings____ Operation School Bell

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 photographs of me taken in connection with Assistance League's activities in its electronic and printed materials.

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.

CONFLICT OF INTEREST

____ **YES** ____ **NO** I have read and agree to abide by the Conflict of Interest and Self Dealing Policies of Assistance League of Greater Cincinnati

Please check 1 box below:

____ I have no conflict(s) of interest to report.

____ I have the following conflict(s) of interest to report:

(examples: you sell similar clothing as our uniforms, you sell insurance to non-profits)

_____

_____

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 Information Form and check payable to ALGC to:

Attn: Membership VP
Assistance League of Greater Cincinnati
1057 Meta Drive, Cincinnati, OH 45237

Phone: 513-221-4447 Email: information@alcincinnati.org
Website: www.assistanceleaguecincinnati.org

Updated October 28, 2026