



Assistance League Anaheim is a non-profit, volunteer organization dedicated to providing community service through philanthropic programs that serve children and adults in need who reside in the greater Anaheim community

Membership Information and Dues Remittance Form

Name: _____
Last First

- ☐ Check here, and fill in the information below if you are a new member
☐ Check here, and fill in the information below if you are a returning member.

Address: _____ Home phone: _____

City, State, Zip: _____ Cell Phone: _____

Email Address: _____ Spouses Name: _____

Birth Month and day: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home phone: _____ Work: _____ cell: _____

Dues and Membership Classification

Please mark the appropriate box below for your membership classification and enclose a check for your dues. Dues are due and Payable March 1, and are delinquent May 1st

Membership Classification Dues
☐ Voting.....\$ 65.00

Membership Classification Dues
☐ Nonvoting.....\$ 80.00

All voting members are required to come to the 6 annual chapter meetings in order to fulfill out required quorum.
Checks can be made payable to the Assistance League of Anaheim and include a portion of our Annual National Fees

Photo and Name Release

- ☐ Yes Assistance League of Anaheim has my permission to include my name as 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.
- ☐ NO

Insurance

- ☐ Yes I understand that I shall maintain my own health and accident insurance. Assistance League of Anaheim is not responsible for any medical or legal expenses that may result from any injury or illness that I sustain while participating in Assistance League activities. I also agree that I shall maintain a valid driver's license and automobile insurance for using my own vehicle for Assistance league 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.
- Please initial _____

Policies: ☐ I have read and agree to abide by all policies of the Assistance League of Anaheim.

For a copy of any policy please see your membership chair: Client Protection Policy, Sexual Abuse Policy, Episodic Volunteer Policy, Ethics Policy, Self-Dealing Policy, Whistleblower Protection Policy, Conflicts of Interest Policy
Conflict of Interests

- ☐ I have no Conflict of Interests to report. ☐ I have the following Conflict of Interest to report: _____
- ☐ I am aware that I have a minimum hours requirement to be a member and that I am responsible for reporting my hours.

Areas of Interest: Please check all that apply. All voting members must serve on at least one committee.

- ☐ Teacher Assistance Program ☐ Operation School Bell ☐ Sight Saver ☐ Community Services
☐ Chapter Leadership ☐ Public Relations ☐ Web site and Communications ☐ Resource Development ☐ Membership
☐ Other: _____

Signature: _____ Date: _____

This form must be signed annually