



Assistance League® of El Paso

Assisteens® Auxiliary Renewal Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Age: _____ Grade: _____ Gender: Male or Female _____

School Attending: _____

By completing this form and submitting it, you are indicating that you plan to continue as an ACTIVE member of Assisteens.®

Signature

Date: _____