NEW MEMBER VOLUNTEER INFORMATION
Yes, I accept the opportunity to become a member volunteer of
Assistance League of Long Beach

Member Volunteer Information

Name:_____
     Last   First

Street Address:_____

City: _____   State: _____   Zip Code: _____

Mobile Phone:_____   Home Phone: _____

Email Address:_____

Birthday (Month/Day/Year): _____

Emergency Contact Information

Name: _____   Relationship:_____   Phone:_____

Name: _____   Relationship:_____   Phone:_____

Areas of Interest
Philanthropic Program(s):   **Fundraising Event(s):**

_____   _____

Professional Background & Special Talents (e.g., computer skills, finance, sales, organizational, etc.)

How did you hear about Assistance League of Long Beach?

Type of Membership: ☐ Chapter   ☐ Rick Rackers   ☐ Las Hermanas   ☐ CAMEO

Membership (1ˢᵗ year)	Dues	Badge and Apron / Shirt
Chapter	$110	$50
Rick Rackers	$110	$25
Las Hermanas	$110	$50
CAMEO	$110	$15

*A background check is required for all new member volunteers of ALLB and shall be paid at a later date (about $15.00).

We support philanthropic programs financially in addition to annual dues. The amounts are voted on each year.
(Chapter $200, Rick Rackers $200, Las Hermanas $100, and CAMEO, two tickets to its fundraiser).

Photo and Name Release
___ (Initial) Assistance League of Long Beach has my permission to include my name as a member volunteer and/or donor to Assistance League in its printed materials such as chapter newsletters, event invitations or programs, press releases, etc.
___ (Initial) Assistance League also has my permission to use any photographs of me taken in connection with Assistance League activities in its printed or electronic materials.

Insurance
___ (Initial) I understand that I am required to provide my own health and accident insurance. Assistance League of Long Beach 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.
___ (Initial) I also agree that I shall maintain adequate personal automobile insurance while using my own vehicle for Assistance League of Long Beach business and shall not hold Assistance League liable for any claims that may result from accidents occurring while I am using my vehicle for Assistance League business.

Signature: _____   Date: _____

Please return this form to Assistance League of Long Beach to:
Membership ♦ Assistance League of Long Beach ♦ 6220 E. Spring Street, Long Beach, CA 90815

For office use only:
☐ eTapestry
☐ Dues paid
☐ Background Check
☐ HUB