

NEW MEMBER INFORMATION

Yes, I accept the opportunity to become a member of Assistance League® Santa Clarita.

MEMBER INFORMATION		
Name: _____		
_____ Last	_____ First	_____ Date of Birth: Month & Day
Street Address: _____	Home Phone: _____	
City, State, Zip: _____	Cell Phone: _____	
Email Address: _____	Spouse's Name: _____	
EMERGENCY CONTACT INFORMATION		
Name: _____	Relationship: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
PHILANTHROPIC PROGRAMS - FUNDRAISING INTERESTS	SPECIAL SKILLS & TRAINING (e.g., finance, computer skills, merchandising, etc.)	
_____	_____	
_____	_____	
TYPE OF MEMBERSHIP AND REMITTANCE AMOUNT	(Checks payable to Assistance League)	
<input type="checkbox"/> Voting: \$ 75 <input type="checkbox"/> Nonvoting: \$ 75	Visa & Mastercard also accepted. Contact First Vice President - Membership for details.	
PHOTO AND NAME RELEASE		
<input type="checkbox"/> Yes	Assistance League Santa Clarita has my permission to include my name as a member of and/or donor to Assistance League in its printed materials such as chapter newsletters, event invitations or programs, press releases, etc.	
<input type="checkbox"/> No	Assistance League also has my permission to use any photographs of me taken in connection with Assistance League activities in its printed materials.	
INSURANCE		
<input type="checkbox"/> Yes	I understand that I am required to provide my own health and accident insurance. Assistance League Santa Clarita 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 also agree that I shall maintain adequate personal automobile insurance while using my own vehicle for Assistance League Santa Clarita 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.	
POLICIES		
<input type="checkbox"/> Yes	I have read and understand the Whistleblower Protection Policy of Assistance League Santa Clarita.	
<input type="checkbox"/> Yes	I have read and agree to abide by the Conflict of Interest Policy of Assistance League Santa Clarita.	
<i>Check one of the boxes below:</i>		
<input type="checkbox"/>	I have no conflict(s) of interest to report:	
<input type="checkbox"/>	I have the following conflict(s) of interest to report:	

SIGNATURE _____	DATE: _____	

Mail completed form to: Assistance League Santa Clarita * P.O. Box 220145 * Santa Clarita, CA 91322
email: membership@assistanceleaguesantaclarita.org