



<i>For office use only</i>	
Date rec'd	_____
Dues rec'd	_____
Distributed	_____
Input data	_____

**MEMBER INFORMATION AND DUES REMITTANCE FORM**

*(Complete at time of remittance)*

**MEMBER NAME** (last) \_\_\_\_\_ (first) \_\_\_\_\_ **BIRTH** mo. \_\_\_\_ day \_\_\_\_

Street Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>INTERESTS: PHILANTHROPIC/FUNDRAISING</b>	<b>EDUCATION, WORK EXPERIENCE, TRAINING</b>
<i>(Write committee[s] of choice)</i>	<i>(finance, writing, teacher, computer)</i>
_____	_____
_____	_____

**TYPE OF MEMBERSHIP AND REMITTANCE AMOUNT**

Active \$60.00 (Volunteer time {twice per month} and committee service required - Voting Member)

Professional \$70.00 (Volunteer time {once per month} required - Nonvoting Member)

Associate \$85.00 (No volunteer time required - Nonvoting Member)

Sustaining \$70.00 (No volunteer time - **Limited to members with a minimum of 8 years of Active Membership**)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Mail completed form to:

Assistance League of Ventura County  
Attn: Membership Chairman  
913 East Santa Clara Street  
Ventura, CA 93001

**TO BE COMPLETED AT ORIENTATION OR AS INSTRUCTED**

**PHOTO AND NAME RELEASE**

Yes Assistance League of Ventura County has my permission to include my name as a member of  
No and/or donor to Assistance League in its printed materials such as chapter newsletters, event invitations or programs, press releases, etc. Assistance League also has my permission to use any photographs of me taken in connection with Assistance League activities in its printed materials.

**INSURANCE**

I understand that I am required to provide my own health and accident insurance. Assistance League of Ventura County 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 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 (Available at orientation or from Education Chairman)**

I have read and agree to abide by the whistleblower protection policy of Assistance League of Ventura County.

I have read and agree to abide by the social media policy of Assistance League of Ventura County.

I have read and agree to abide by the conflict of interest policy of Assistance League of Ventura County.

**Check one of the boxes below**

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

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

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

No (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Mail completed form to:

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Attn: Membership Chairman  
913 East Santa Clara Street  
Ventura, CA 9300