



For office use only

Date rec'd: _____
 Dues rec'd: _____
 Hub Input: _____
 Roster: _____

MEMBER INFORMATION AND DUES REMITTANCE FORM

*To be completed **annually** at the time of remittance. **Dues are expected no later than May 1***

Last: _____ First: _____ MI: _____ DOB: _____

Street Address: _____ Preferred Phone: _____ (C__ or H__)

City, State, Zip: _____ Alternate Phone: _____ (C__ or H__)

Email Address: _____ Spouse's Name: _____

EMERGENCY CONTACT: Name: _____ Relationship: _____

Home Phone: _____ Email: _____ Cell Phone: _____

LIST YOUR INTERESTS, SPECIAL TALENTS AND/OR TRAINING, i.e., finance, accounting, computer skills, etc.

TYPE OF MEMBERSHIP AND REMITTANCE AMOUNT:

Check One: Existing Member **OR** New Member Referred by _____

Check One: ALVC Chapter Member **OR** Nancy R. Brandt (NRB) Member

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

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

Sustaining \$70.00 (No volunteer time but **must have a minimum of 8 years of Active Membership**)

Y__ N__ **CHAPTER POLICIES:** I have read and agree to abide by the policies of the Assistance League of Ventura as published online in the Procedure Manual on the Assistance League of Ventura County website, assistanceleagueventuracounty.org/membership/. These policies include Behavioral and Reporting, Conflict of Interest, Donor Privacy, Ethics, Finance, Investment, Record Retention and Destruction, Social Media, Website Privacy, and Whistleblower Protection.

Y__ N__ **PHOTO RELEASE:** Assistance League of Ventura County has my permission to include my name and likeness as a member of and/or donor to Assistance League in its printed materials such as chapter newsletters, event invitations or programs, press releases, social media sites, etc.

Y__ N__ **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.

SIGNATURE _____ **DATE** _____

Print and mail filled out form with check to: Assistance League of Ventura County,
 913 East Santa Clara Street, Ventura, CA 93001 **OR** fill out form online at assistanceleagueventuracounty.org
 and save it with your name in the title (example: mary.smith.membership.form.2022.pdf) and email it to
office@assistanceleagueventuracounty.org and then pay your dues online.

Copies to: __ Membership Chair __ Orientation Chair __ Roster Chair __ BBox Chair __ Hours Chair (active members only)