

**Assistance League Of Greater Cincinnati**

**New Member Information Form**

**2024-2025**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please print clearly)

**MEMBERSHIP CATEGORY:**

**Regular:** \_\_\_\_\_ **$80, which includes $60 annual dues and $20 new member fee**

($50 December through March, includes $30 annual dues & $20 new member fee.)

Regular members attend as many regular monthly meetings as possible and are encouraged to **serve on one or more committees**.Regular members are eligible to vote.

**Associate:** \_\_\_\_\_ **$105, which includes $85 annual dues and $20 new member fee**.

($62.50 December through March, includes $42.50 annual dues & $20 new member fee.)

Associate members attend as many regular monthly meetings as possible and serve on as many committees as they have availability.

\* Note: **Your full dues are tax-deductible.** $40 of your membership dues goes directly to National.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones #’s: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

I heard about Assistance League through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate by placing an X on the line of one or more committees or programs that interest you:**

**Committees: \_\_\_\_\_**Membership\_\_\_\_\_ Fundraising\_\_\_\_\_ Marketing/Communication\_\_\_\_\_ Operations

\_\_\_\_\_ Finance \_\_\_\_E-Commerce \_\_\_\_\_Technology

**Programs:** \_\_\_\_\_ALCares4Kids\_\_\_\_\_Assault Survivor Kits\_\_\_\_\_ College Starter Kits

\_\_\_\_\_\_New Beginnings**\_\_\_\_\_** Operation School Bell

**EMERGENCY CONTACT INFORMATION:**

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

Phones #’s: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO AND NAME RELEASE**

\_\_\_\_ **YES** \_\_\_\_ **NO** Assistance League of Greater Cincinnati has my permission to include my name

as a member of and/or donor to Assistance League in its electronic and printed materials. Assistance League also has my permission to use photographs of me taken in connection with Assistance League’s activities in its electronic and printed materials.

**TURN OVER TO COMPLETE REMAINDER OF YOUR INFORMATION**

**INSURANCE**

\_\_\_\_ **YES** \_\_\_\_ **NO**  I understand that I shall maintain my own health and accident insurance. Assistance League of Greater Cincinnati is not responsible for any medical or legal expenses that may result fromany injury or illness that I may sustain while participating in Assistance League activities. I further release ALGC from any injuries or illness I may sustain while participating in ALGC activities.

\_\_\_\_ **YES** \_\_\_\_ **NO**  I agree that I shall maintain a valid driver’s license and adequate personal automobile insurance if I am using my own vehicle for Assistance League of Greater Cincinnati business.

**CONFLICT OF INTEREST**

\_\_\_\_ **YES** \_\_\_\_ **NO** I have read and agree to abide by the Conflict of Interest and Self Dealing Policies of Assistance League of Greater Cincinnati

Please check 1 box below:

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

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

(examples: you sell similar clothing as our uniforms, you sell insurance to non-profits)

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

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**BACKGROUND INFORMATION**

\_\_\_\_ **YES** \_\_\_\_ **NO** Have you ever been convicted of or pleaded “no contest” to a felony?

If “YES”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: No person will be denied membership solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance to the activities of the chapter may, however, be considered.

*I certify that the information contained in this application is TRUE and COMPLETE.*

I understand that false information may be grounds for denying membership in the organization or for immediate termination of membership at any point in the future. I authorize the verification of any or all information listed above.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Send your completed New Member Information Form and check payable to ALGC to:

**Attn: Membership VP**

**Assistance League of Greater Cincinnati**

**1057 Meta Drive, Cincinnati, OH 45237**

Phone: 513-221-4447 Email: information@alcincinnati.org

Website: www.assistanceleaguecincinnati.org

Updated January 2024