ASSISTEENS®
An auxiliary of ASSISTANCE LEAGUE® of TUCSON
A chartered chapter of National Assistance League®

MEMBERSHIP APPLICATION FORM

DATE:_____

NAME:_____**Date of Birth:**_____

ADDRESS:_____**Zip:**_____

TELEPHONE:_____**Cell Phone:**_____**Email:**_____

Mother's/Guardian's full name:_____**Occupation (optional)**_____

Father's/Guardian's full name:_____**Occupation (optional)**_____

Parent's/Guardians' address:_____**Zip:**_____
(If different from the candidate's)

PARENT'S EMAIL ADDRESS:_____

Candidate's high school:_____**Year of Graduation:**_____

School and community activities:_____

_____

Special interests: hobbies (art, music, athletics, etc.):_____

_____

How did you hear about ASSISTEENS and why do you want to join?_____

_____

Have you had any association in the past with ASSISTEENS? (i.e. Family Members? Charitable Support?)_____

_____

_____

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 4, 2011, 5pm
Mail to: ASSISTANCE LEAGUE OF TUCSON
Attention: ASSISTEENS Coordinator
1307 N Alvernon Way
Tucson, AZ 85712

Due to space, the number of places for new members is limited. NO applications will be accepted after April 5. ASSISTEENS accepts high school freshmen on a lottery basis. A photo will be requested at time of member acceptance.

Rev. 2011-0207 – Privacy Policy: Information will only be used for internal purposes.

ASSISTEENS

AN AUXILIARY OF

assistance league® Tucson

Requirements Acknowledgement Form

The following are the annual requirements for membership in the ASSISTEENS Auxiliary.
Once a member, annual dues shall be payable on or before April 1, and are delinquent on May 1. For new member applicants, $50.00, which will be applied to Membership Dues, must accompany the application form. Should the applicant not be accepted, the $50.00 will be returned.

Please note that if any of the following requirements are not met, the member shall be asked to resign unless other arrangements have been made.

- Members **shall attend** regular **meetings** at 7:00 p.m. on the first Monday of the month (unless otherwise changed due to holidays or school conflicts) held at Assitance League Chapter house, starting September through May. The date changes shall be noted at the start of the year. Absolutely no more than three (3) meetings shall be missed in a year.
- Members **shall participate** in four (4) **philanthropic projects** each year, one (1) of which shall be the groups chosen project. Choices can be made from 25-30 different community services. The deadline for this requirement is no later than May 1st. Seniors shall complete three (3) projects in their graduating year and the Seniors shall finish their obligations before the Tux 'n Boots Gala.
- Members **shall work** one (1) Assistance League of Tucson **Thrift Shop shift** on a Saturday of her choice. A shift is 9:45a.m.-2:15p.m. Bring lunch or a snack. No cell phones may be used. The deadline to complete this requirement is May 1.
- Members **shall participate** in the ASSISTEENS' **Fundraiser**, which is a luncheon Fashion Show. Each member **should model** one outfit in the show. Each member shall solicit one gift or gift card for the Fashion Show raffle.
- **FINANCIAL OBLIGATION:** Each Member **shall sell** five (5) Fashion Show tickets and ten (10) oportunity tickets. This financial obligation may be reduced if there are two or more ASSISTEENS in the same family. This is the only fundraiser ASSISTEENS have and it **shall be supported** in order to provide essential goods and services to improve the lives of the disadvantaged in the Tucson community.
- Members **shall pay** annual **dues** of $50.00. Annual dues **shall be payable** on or before **April 1** and delinquent on May 1.
- Members **shall perform arrangement duties** at meetings. Members are assigned dates to set up the meeting room and clean up once a year.

We have read and understand the requirements and obligations of ASSISTEENS membership. We understand that failure to meet the requirements will result in termination of membership. Signatures are required for acceptance.

_____

ASSISTEENS (APPLICANT) SIGNATURE AND DATE

_____

PARENT/GUARDIAN SIGNATURE AND DATE

Please mail the following: (1) Signed Application Form, (2) Requirements Acknowledgement Form, (3) Consent Form, (4) Membership Dues Check ($50.00) Payable to. **ASSISTEENS/ALT.**

Mail to: **ASSISTANCE LEAGUE OF TUCSON**
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assistance league
Tucson

CONSENT FORM

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Consent Regarding Transportation

_____, has my permission to travel to and from ASSISTEENS events during the _____ year (check all that apply):

_____ with any adult driver over 21. _____ I volunteer to serve as an adult driver.

_____ may only drive her/himself. _____ may drive with other ASSISTEENS in the car.

_____ with another ASSISTEENS member who is a licensed driver.

_____ _____

(Parent/guardian signature) (Date)

Consent for Emergency Medical/Dental Treatment

I understand every effort will be made to contact me as parent/guardian of _____

In case of a medical and/or dental emergency while attending ASSISTEENS events during the _____ year

In the event that I cannot be reached, I hereby authorize the adult in charge of the event to obtain emergency medical and/or dental treatment.

Physician:_____ Phone:_____

Dentist:_____ Phone:_____

Parent/guardian contact information:
Name:_____

Home phone:_____ Work phone:_____ Cell phone:_____

Additional person to contact in an emergency:

Name:_____

Home phone:_____ Work phone:_____ Cell phone:_____

_____ _____

(Parent/guardian signature) (Date)

Please indicate below any physical problems, allergies, medications, etc. that we should be aware of:

_____

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