



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/Guardian's 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 FOR FALL 2009 MUST BE RECEIVED BY APRIL 6, 2009, 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 reviewed after April 6. New members may only be freshmen in high school. A photo will be requested at time of member acceptance.

Rev. 2006/2007 - Privacy Policy: Information will only be used for internal purposes.



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 delinquent on May 1, and must be accompanied with a signed membership requirements form. 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 Assistance 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 to complete this requirement is no later than MAY 1. Seniors shall complete three (3) projects in their graduating year and the Seniors shall finish their obligations by the December 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 ASSISTEEN shall solicit one gift or gift card for Fashion Show for raffle.
- **FINANCIAL OBLIGATION**: Each Member **shall sell** five (5) fashion show tickets and ten (10) opportunity 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.

Note: Seniors in **good standing** will be recognized at the Assistance League Tux 'n Boots® Gala the first Saturday in December. Seniors shall wear long white formal gowns with cowboy boots and will be escorted by their fathers, or a significant man, who should wear a tuxedo **or** a tuxedo jacket with jeans and cowboy boots. Families are expected to come and are encouraged to invite guests. The ticket price currently is \$175.00 each (a portion of which is tax deductible). Senior ASSISTEENS shall be special guests of Assistance League and have one Gala ticket gifted.

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.

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 to **ASSISTANCE LEAGUE OF TUCSON, Attention: ASSISTEENS Coordinator, 1307 N Alvernon Way, Tucson, AZ 85712**



CONSENT FORM

Privacy Policy: Information will only be used for internal purposes.

Consent Regarding Transportation

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

- | | |
|--|---|
| <input type="checkbox"/> with any adult driver over 21.
<input type="checkbox"/> may only drive her/himself.
<input type="checkbox"/> with another ASSISTEENS member who is a licensed driver. | <input type="checkbox"/> I volunteer to serve as an adult driver.
<input type="checkbox"/> may drive with other ASSISTEENS in the car. |
|--|---|

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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