assistance league®
Triangle Area

MEMBER FORM

Completed by VP Membership
Orientation completed ☐
Date Joined: _____
Mentor: _____

MEMBER INFORMATION **Name**:

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

E-mail Address: _____ Spouse's Name: _____

Birthday(mm/dd): _____ Anniversary: _____

EMERGENCY CONTACT INFOMATION

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PHILANTHROPIC PROGRAMS/FUNDRAISING OF INTEREST

_____

_____

SPECIAL SKILLS & TRAINING (e.g., finance, computer skills, merchandizing, teacher, writing, social media etc.)

_____

_____

TYPE OF MEMBERSHIP AND REMITTANCE AMOUNT

☐ Voting … $60 ☐ Sustaining … $100

Dues for voting members is $60 annually and sustaining is $100. New members joining after December 1st dues are reduced to $30 and #50 dollars respectively

PHOTO AND NAME RELEASE

☐ Yes
☐ No

Assistance League of the Triangle Area has my permission to include my name as a member of 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

☐ Yes

I understand that I am required to provide my own health and accident insurance. Assistance League of the Triangle Area 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 of the Triangle Area 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

☐ Yes I have read and agree to abide by the **Whistleblower Policy**.

☐ Yes I have read and agree to abide by the **Protected Person Behavioral and Reporting Policy**.

☐ Yes I have read and agree to abide by the **Conflict of Interest Policy**.

Check one of the boxes below:

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

☐ I have completed the **Conflict of Interest Disclosure Form** to report conflict(s) of interest.

BACKGROUND INFORMATION: All members must complete a background check. (Paid by Assistance League of the Triangle Area)

☐ Yes
☐ No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of the crime(s), when and where convicted and disposition of the case.

_____

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 of the offense to the activities of the chapter may, however, be considered.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

SIGNATURE: **DATE:**

Mail completed form to: Assistance League of the Triangle Area, PO Box 98477, Raleigh, NC 27624 or email to: join@altriangle.org