MEMBER INFORMATION AND DUES REMITTANCE FORM

MEMBER INFORMATION

Name: _____
Last First Birthday:Month/Day

☐ **Check this box if your listing in the Yearbook/website is correct and no changes are needed.**
If any additions, changes or corrections are needed, please use the area below.

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

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

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

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

DUES

Member dues $75.00. New members joining during the year: December 1 through February $37.50; after March 1, dues will apply to next year. In addition to dues, each member is asked to purchase or sell a ticket to our major fundraiser.

Circle the primary philanthropic program, fundraiser and standing committee you wish to serve on:

Philanthropic Program	**Fundraising Program**	**Standing Committee**
Operation Literacy		
Operation School Bell	Encore Thrift Store	Community Relations
Prime Time Treasures	Gala	Headquarters
Clerking	Grants	Hospitality
In-Take & Application	LBD Luncheon	Membership
Display & Returns	Speakers Bureau	Strategic Planning

Please list your skills: _____

PHOTO AND NAME RELEASE

☐ Yes
☐ No

Assistance League of Birmingham 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 Birmingham 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 Birmingham 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.

CONFLICT OF INTEREST POLICY

☐ Yes I have read and agree to abide by the conflict of interest policy of Assistance League of Birmingham, which is located on the website and in your Yearbook.

Check one of the boxes below:

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

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

Signature _____ **Date:** _____