



## ASSISTANCE LEAGUE OF THE BAY AREA

2024-2025

### NEW MEMBER COMMITMENT

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_.

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Spouse's Name: (Dr. / Mr.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Phone

Relationship

Birthdate (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

All information is required for background checks. Please provide your date of birth using the mm/dd/yyyy format.

Name Tag \_\_\_\_\_

PLEASE PRINT THE NAME AS YOU WISH IT TO APPEAR ON THE NAME TAG

### New Member Training Acknowledgment

☐ I agree to complete the A, B, & C module training within 6 months of joining to be eligible to renew as a voting member the following year. If I do not complete the training, I can renew as a nonvoting member the following year.

By checking this box, a new member acknowledges their commitment to completing all three modules within six months of membership to be eligible to renew as a voting member.

### Background Check

☐ I agree to submit to and successfully complete a background check for member eligibility.

By checking this box, a new member acknowledges they will submit to a background check and successfully complete it to become a member.

### New Member Dues:

Joining June 1<sup>st</sup> – November 30<sup>th</sup> \$100

Joining December 1<sup>st</sup> – February 28<sup>th</sup> \$ 50\*

*\*please note a request to pay dues for the upcoming fiscal year will be made in the spring*

Joining March 1<sup>st</sup> – May 31<sup>st</sup> \$100\*\*

*\*\* paying upcoming fiscal year dues*

To accept the opportunity to become a New Member of Assistance League of the Bay Area, please return this form along with your check made payable to **Assistance League of the Bay Area** to:

Assistance League of the Bay Area  
P O Box 591131  
Houston TX 77259-1131

Once your commitment has been received, our New Member Committee will contact you to schedule orientation.