



Assistance League of North Coast 2021-2022 Membership Renewal Form

Renewal dues are due on May 1, 2021 and delinquent on May 31, 2021. If mailing your renewal, enter the card details or enclose a check of \$75.00 payable to Assistance League of North Coast and mail to:

Assistance League of North Coast
Attn: Membership
1816 Oceanside Blvd Suite F
Oceanside CA 92054

Member Information

First Name:	Last Name:	
Home Phone:	Cell Phone:	
Email:		
Address:		
City:	State:	Zip:

Emergency Contact Information

Name:
Phone:

Membership Classification and Dues

Voting Members

- may attend chapter meetings
- may participate in and support the philanthropic programs and fundraising activities of the chapter including all business of appointive committee chairmanship and membership
- may support the Thrift Shop
- have the right to vote and hold elective office

Non-Voting Members

- may attend chapter meetings
- may participate in and support the philanthropic programs and fundraising activities of the chapter
- may support the Thrift Shop
- do not have the right to vote and hold elective office

SELECT YOUR MEMBERSHIP TYPE () Voting - \$75.00 () Non-voting - \$75.00

CHAPTER POLICIES AND ACKNOWLEDGMENT

I acknowledge and agree to abide by the following policies of Assistance League of North Coast as published at www.alnc.org/documents. Conflict of Interest, Donor Privacy, Code of Ethics, Gift Acceptance, Record Retention, Website Privacy and Whistleblower Protection.

() I agree

PHOTO AND NAME RELEASE

Assistance League of North Coast has my permission to include my name in its printed materials such as chapter newsletters, event invitations or programs, press releases and on social media; and has my permission to use any photographs of me taken in connection with Assistance League activities and events.

() I agree

INSURANCE

I agree that I shall maintain a valid driver's license and proof of personal automobile insurance for using my own vehicle for Assistance League of North Coast business. Upon request, I shall provide copies of my license and proof of insurance to the chapter office. I 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. I understand that there are inherent risks involved while participating in any Assistance League activity or event. I hereby accept and assume all of these risks, and all other risks, associated with my decision to participate in any Assistance League activity or event. I hereby freely and voluntarily accept for myself alone all risks of injury, illness and death.

() I agree

Signature	Printed Name	Date
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Payment

() I have enclosed a check of \$75.00 payable to the Assistance League of North Coast
() I am supplying my card details below and authorize a payment of \$75.00:

Name on Card: _____

Card Number: _____ CVV _____ EXP. DATE _____ / 20_____

Card type (circle one): VISA MASTERCARD DISCOVER AMEX

Billing Address: _____

City: _____ State: _____ Zip: _____