



NEW MEMBER INTEREST FORM

Name: _____ Age: _____ Birthdate: _____

Address: _____ Zip: _____ Home Phone: _____

Grade in Sept of Current Year: _____ School: _____

E-mail: _____ Cell #: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #1 e-mail: _____

Parent/Guardian #1 cell: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 e-mail: _____

Parent/Guardian #2 cell: _____

Are you a member of the Assistance League of Irvine®? (highlight one) Yes / No

Siblings Names and Grades: _____

SCHOOL ACTIVITIES (Clubs, sports, student government, academia, music, drama, etc.)

EXTRACURRICULAR ACTIVITIES (hobbies, interests, religious activities, talents)

Please **email** completed form to: aliteenmembership@gmail.com

Please pay New Membership Fees of \$200 through PayPal to Assisteens@alirvine.org and email a copy of the payment confirmation to aliteenmembership@gmail.com along with this form.

*ASSISTEENS are required to give 15 philanthropy hours plus 15 other hours per year. Parents are requested to give 10 hours to ASSISTEENS, work 3 ALI Thrift Shop shifts per year, support our fundraising and attend mandatory parent meetings.

Visit our website: AssisteensofIrvine.org