



**ASSISTEENS®**

**An Auxiliary of Assistance League of Irvine  
New Member Interest Form**

PLEASE PRINT LEGIBLY (ALL CAPS) IN BLACK INK

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ 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 Assistance League of Irvine®? 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](mailto:aliteenmembership@gmail.com)

Please pay **New Membership Fees of \$120** through PayPal to [Assisteens@alirvine.org](mailto:Assisteens@alirvine.org)

\*ASSISTEENS are required to give 15 hours philanthropy plus 15 hours other per year. Parents are requested to give 10 hours to ASSISTEENS, work 3 ALI Thrift Shop shifts per year & attend parent meetings.

Visit our website: [AssisteensofIrvine.org](http://AssisteensofIrvine.org)