

**ASSISTANCE LEAGUE® TRIANGLE AREA**  
**A Chapter of NATIONAL ASSISTANCE LEAGUE®**

**MEMBERSHIP FORM**

Date Joined \_\_\_\_\_ Proposed Classification of Membership \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Husband's Name \_\_\_\_\_

Employer: Past or Present \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (home) \_\_\_\_\_ Phone No. (work) \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

Birthday (Month/Day) \_\_\_\_\_ Wedding Anniversary (Month/Day/Year) \_\_\_\_\_

1. Are you acquainted with Chapter Philanthropic Projects and Fundraising Activities?

2. Are you aware of the responsibilities and commitments for membership?

3. How did you hear about ALTA?

4. Dates of 2 Orientation Sessions: 1 \_\_\_\_\_ 2. \_\_\_\_\_