assistance league
Transforming Lives · Strengthening Community
LOS GATOS-SARATOGA

MEMBERSHIP DUES RENEWAL and REMITTANCE FORM

2025-2026

MEMBER INFORMATION (please print)

Name: _____
Last First

☐ **Check this box if your listing in the Roster is correct and no changes are needed.**
If any additions, changes or corrections are needed, please use the area below.

Street Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

E-mail Address: _____ Spouse's Name: _____

EMERGENCY CONTACT INFORMATION (please print) - REQUIRED

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

DUES AND MEMBERSHIP CLASSIFICATION

Please mark the appropriate membership classification box, enclose a check for your dues, and include the **Volunteer Interest** form. **Dues are payable no later than May 1, 2025**.

Membership Classification		Dues
☐	Voting.....	$95
☐	Non-Voting.....	$95

PHOTO AND NAME RELEASE

☐ Yes
☐ No

Assistance League of Los Gatos-Saratoga 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 the chapter website, and has my permission to use any photographs of me taken in connection with Assistance League activities or events.

INSURANCE

☐ Yes

I agree that I shall maintain a valid drivers' license and proof of personal automobile insurance for using my own vehicle for Assistance League of Los Gatos-Saratoga business. Upon request, I shall provide copies of my license and proof of insurance to the chapter. 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 or death.

POLICIES ***All policies are available on the website, allgs.org, in the Members Section and by request from Membership***

☐ Yes I have read and agree to abide by the Protected Persons Behavioral and Reporting Policy of Assistance League of Los Gatos-Saratoga

☐ Yes I have read and agree to abide by the Social Media Policy of Assistance League of Los Gatos-Saratoga

☐ Yes I have read and agree to abide by the Whistle Blower Policy of Assistance League of Los Gatos-Saratoga

☐ Yes I have read and agree to abide by the Ethics Policy of Assistance League of Los Gatos-Saratoga

☐ Yes I have read and agree to abide by the Conflict of Interest Policy of Assistance League of Los Gatos-Saratoga

- ☐ I have no conflict(s) of interest to report:
- ☐ I have the following conflict(s) of interest to report:

_____

As a voting member I acknowledge that I am expected to participate in one or more Philanthropic Programs, support chapter fundraising efforts, and attend regular monthly meetings.

SIGNATURE _____ **DATE** _____