



Assisteens New Member Form

Your Name: _____

Parents' Names: _____

Your Birth Date: _____

Your Home Address: _____

Primary Phone Number: (_____) _____

Cell Phone Numbers: _____

Email addresses for you and your Mother

Yours: _____

Your Mother's: _____

School you currently attend: _____

High School you will attend next year: _____

Graduating from High School in what year? _____

Is there any other important information we need to know?

**Forms, with dues (\$95), will be accepted until April 30th
on a first-come, first-served basis, as membership is limited.**

Please fill this out & mail to:

**Assisteens, an Auxiliary of Assistance League of Long Beach
Attn: Ms. Shelly Barbre, 6220 E. Spring Street, Long Beach, CA 90815.**

**Questions may be directed to the 2009-2010 Assisteens Coordinator,
Shelly Barbre (562) 627-5650 or at: Assisteens@ALLB.org**