



## 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 2010-2011 Assisteens Coordinator,  
Shelly Barbre (562) 627-5650 or at: [Assisteens@ALLB.org](mailto:Assisteens@ALLB.org)**