



***CAMEO Professional Auxiliary of  
Assistance League® of Long Beach***

**Deadline for Submission: Completed forms must be received no later than April 1, 2011**

**DATE:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME:** (\_\_\_\_) \_\_\_\_\_ **WORK:** (\_\_\_\_) \_\_\_\_\_

**CELL:** (\_\_\_\_) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT:** \_\_\_\_\_

**DATE OF BIRTH:** MONTH \_\_\_\_\_ **DATE** \_\_\_\_\_ **YEAR** (*optional*) \_\_\_\_\_

**SIGNIFICANT OTHER** (*if applicable*): \_\_\_\_\_

**CURRENTLY EMPLOYED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**PROFESSION/TITLE:** \_\_\_\_\_

**BUSINESS/EMPLOYER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**PROFESSIONAL BACKGROUND:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY ACTIVITIES AND PROFESSIONAL ORGANIZATIONS, OFFICES HELD,  
AWARDS, AND RECOGNITION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate how you heard about CAMEO.** \_\_\_\_\_

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**Please attach a one-paragraph biography of 80 words or less to this application.**

Include information about where you grew up, your educational background, your family, and any special interests you have. This information will be used as a form of introduction to the general membership.

**Please review the Responsibilities and Privileges of CAMEO Membership** included with this application form.

**DO YOU HAVE ANY QUESTIONS ABOUT CAMEO?** \_\_\_\_\_

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Membership Dues for the first year are \$125. This includes \$100 for membership dues and a \$25 orientation fee.

**RETURN COMPLETED FORM AND BIOGRAPHY by April 1, 2011 to:**

MEMBERSHIP CHAIR  
Assistance League of Long Beach-CAMEO  
6220 E. SPRING STREET  
LONG BEACH, CA 90815  
562-627-5650  
E-MAIL: [CAMEO@ALLB.org](mailto:CAMEO@ALLB.org)