



## Assisteens® New Member Form 2015-2016

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?

\_\_\_\_\_

\_\_\_\_\_

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**Forms, with dues (\$95), will be accepted until April 30, 2015.**

The first 25 applications submitted will be accepted, as membership is limited.  
Any additional submitted forms will be put on a waiting list on a first-come, first-served basis.

**Please fill this out & mail to:**

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

**Questions may be directed to the 2015-2016 Assisteens Coordinator,  
Barbara Kedwards (562) 627-5650 or at: [Assisteens@ALLB.org](mailto:Assisteens@ALLB.org)**