



## Assisteens® New Member Form

Your Name: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Your Birth Date: \_\_\_\_\_

### CONTACT INFORMATION

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Numbers: \_\_\_\_\_  
Email addresses for you and your parents  
Student: \_\_\_\_\_  
Parents: \_\_\_\_\_

### SCHOOL INFORMATION

High school you will attend next year: \_\_\_\_\_  
Graduating from high school in what year? \_\_\_\_\_

List the school/club activities you are currently involved with.

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

Why do you want to join Assisteens?

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

Do you have a special skill or talent?

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

Is there any other important information we need to know?

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

#### **Membership dues (\$95)**

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