



Assistance League of Greater Portland

is a chapter of a national nonprofit organization that puts caring and commitment into action through community-based philanthropic programs

**Please include dues of \$85 with your application
(\$45 after December 31 for ½ year)
Fiscal year is June 1 – May 31**

Date _____

Name: _____

Address: _____

City _____ State ____ Zip _____, Phone _____

E-mail _____ Cell Phone _____

Spouse or significant other's name? _____

Are you employed? _____ Full-time? _____ Part-time? _____

If so, Occupation/Company _____

Special Skills/Training (e.g. computer skills, finance, merchandising, writing, teacher) _____

Civic, Cultural and/or Philanthropic Activities _____

Interests, Hobbies and/or Talents _____

Are you acquainted with activities of Assistance League or have you attended Assistance League activities?

Do you have friends who are members? List name(s) and relationship (relative, friend, etc.)

Signature _____

**Mail to: Assistance League of Greater Portland
4000 SW 117th Avenue
Beaverton, OR 97005
Attention – Membership Chair**