



## ASSISTANCE LEAGUE OF KLAMATH BASIN

### New Member Information & Dues Remittance Form

Yes, I accept the opportunity to become a member of Assistance League of Klamath Basin!

#### MEMBER INFORMATION

Name \_\_\_\_\_ Date of Birth (Year optional) \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-Mail Address \_\_\_\_\_ Spouse \_\_\_\_\_

Hobbies, Interests, Special Skills or Training \_\_\_\_\_

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

My Assistance League friends are \_\_\_\_\_

\_\_\_\_\_

#### MEMBERSHIP DUES

Annual Dues \$65.00  After December 1, \$30.00

Make check payable to Assistance League of Klamath Basin. You may submit payment with this form in person, or mail to the below address. Of your membership payment, \$60 (\$25) is tax deductible. Our federal tax ID number is 93-0934777.

**Assistance League of Klamath Basin, Attention VP Membership**

**1330 East Main Street**

**Klamath Falls, OR 97601**

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***THANK YOU, AND WELCOME TO ASSISTANCE LEAGUE!!!***