

**APPLICATION FOR MEMBERSHIP/TRANSFER OF MEMBERSHIP**  
**ASSISTANCE LEAGUE OF RENO-SPARKS**

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

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LAST NAME                                      FIRST NAME                                      HUSBAND'S NAME

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STREET ADDRESS                                      CITY   STATE                                      ZIP   TELEPHONE

BIRTHDAY    MONTH \_\_\_\_\_                                      DAY \_\_\_\_\_

Length of residence in this community? \_\_\_\_\_

Are you in residence most of the year? \_\_\_\_\_

What are your other affiliations? \_\_\_\_\_

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What skills and interests do you have? \_\_\_\_\_

Are you employed at this time? \_\_\_\_\_

Please list any Assistance League members you know \_\_\_\_\_

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Members transferring please fill out the following:

Previous Chapter \_\_\_\_\_

Years of Membership \_\_\_\_\_

Classification \_\_\_\_\_

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Applicant