



NEW MEMBER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home: _____ Cell: _____ Work: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SPOUSE: _____

CHILDREN: _____

EDUCATION: _____

PROFESSIONAL EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

List any talents, skills, hobbies, and/or work with which you have been involved that would make you an asset to our organization. _____

The prospective member must acknowledge the following membership responsibilities:

- I agree to pay the annual dues of \$250 to ZCL. This amount can be paid in full by the June 15 date OR you can pay half by June 15 and the other half by September 14. INITIAL:
- I understand that the annual dues payment is non-refundable and nontransferable. INITIAL:
- I agree to fulfill all of the requirements listed below. INITIAL:
 - Participate on a minimum of 1 ZCL committee.
 - Volunteer a minimum of 20 hours.
 - Attend a minimum of 5 meetings. (Meetings will be held on the second Monday of every month.)
 - Sell a minimum of 20 raffle tickets.
 - Work a shift at the annual Gala.

I fully understand the responsibilities of New Member membership and agree to complete the above responsibilities.

SIGNATURE: _____ **DATE:** _____

Application can be e-mailed or mailed to:
zacharycharityleague@gmail.com

Zachary Charity League
P.O. Box 64
Zachary, LA 70791

Application is due by June 15,2020.

Dues can be paid through the PayPal link on zacharycharityleague.org or with a check made to Zachary Charity League.