



NEW MEMBER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

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 \$300 to ZCL. This amount can be paid in full by our new member orientation to be held in August. If you need a payment plan, please reach out to ZCL Treasurer Brandie Triche. Full payment will be due by December 1. INITIAL:**
- **I understand that the annual dues payment is non-refundable and nontransferable. INITIAL:**
- **I agree to fulfill all of the requirements listed below.**
 - Participate on a minimum of 1 ZCL committee. INITIAL:**
 - Volunteer a minimum of 20 hours. INITIAL:**
 - Attend a minimum of 5 meetings.** (Meetings will be held on the second Monday of every month.) **INITIAL:**
 - Sell a minimum of 20 raffle tickets. INITIAL:**
 - Fulfill all Gala requirements.** (Provide one silent auction item valued at \$100 or more and two gift cards valued at \$25 or more each. Work a 30-minute shift at the Gala. In lieu of gift cards, member can pay an additional \$50 in dues for a total of \$350 and ZCL will purchase the gift cards for you.) **INITIAL:**

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

SIGNATURE: _____ **DATE:** _____

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

Application is due by Aug. 1, 2024.

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