



**CAÑADA AUXILIARY OF PROFESSIONALS
OF
ASSISTANCE LEAGUE OF FLINTRIDGE**

PROSPECTIVE MEMBERSHIP APPLICATION

We are now recruiting new members. If you are interested in learning more about membership in Assistance League of Flintridge, please fill in this form and mail to:

**Cañada Auxiliary of Professionals (CAP)
Attn: CAP Membership Chairman
4607 Oakwood Avenue, La Cañada Flintridge, CA 91011**

Date _____

Last Name _____ First Name _____

Address _____

City/Zip _____

Email _____ Birthday: Month _____ Day _____

Preferred Contact Number(s) _____

Profession _____

Are you presently employed? _____ Do you work full-time or part-time? _____

Name of Employer (Optional) _____

Spouse's Name _____

How did you first hear about CAP? _____

Special interests and/or Affiliations (civic, cultural, philanthropic) _____

Names and grades (7-12) of prospective Assisten, if known or applicable _____

CAP Contact/Friend (Optional) _____

Notes _____

818-790-1328

info@alflintridge.org

ALFlintridge.org