

Charity League of Charlotte

Brightening the Lives of Children since 1921

Our vision is to impact the lives of Charlotte children by inspiring them to bridge the opportunity gap and achieve a positive future through education and total wellness.

CLC Membership Application

Name:	Birthdate (m/d):	
Address:		
City:	State:	Zip:
Telephone: (Home)	(Cell):	
Spouse/Partner's Name:		
Email Address:		
Please mark your areas of interes	t:	
Service Projects CLC Hub/School Closets Book Fairs School/Student/Teacher Assistance	Development/Fundraising Corporate Sponsorships Spring Fundraiser Event Campaigns Grant Writing	Communications Publicity Social Media Website/WordPress Newsletter Editor Graphic Design
Membership Hospitality: Organize Christmas Lunch & Other Member Events		Secretary
Collect Dues/Update Roster/Directory Four Seasons – Crafts for Members		Leadership/Strategy
		Treasurer/QuickBooks
Please complete the following question	naire and then sign according	ıly.
1. How did you learn about CLC an	d who is your sponsor?	

	your membership and volunteer interests?
3.	Can you tell us about an aspect of volunteer experience that you really enjoyed, and a parthat you wish had been different?
4.	Which talents do you possess that you would like to use within CLC (i.e., Technical Skills, Fundraising, etc.)?
5.	Do you have experience with any of the following? Please circle any that apply. MS Excel MS Word MS Publisher WordPress/Website Updating QuickBooks. Graphic Design
	MS Excel MS Word MS Publisher WordPress/Website Updating QuickBooks. Graphic Design

Please mail completed application to: CLC, PO Box 471332, Charlotte NC 28247-1332 or scan and email to: charityleagueofcharlotte@gmail.com. Thank you! We will respond shortly.

**Upon acceptance, new member fee is \$100, which includes annual dues fee of \$50.