



Since 1967, the Alliance for Good Government has had one goal-- to seek out the very best candidates for government in our community. As part of the effort to achieve this goal the Alliance holds forums, for each election, to endorse the most qualified candidates. Members go into executive session to review the qualifications of candidates and to vote on who will receive our endorsement.

**TO BEGIN THE APPLICATION PROCESS, PLEASE FILL OUT THIS APPLICATION AND RETURN IT, ALONG WITH PAYMENT FOR YOUR YEARLY DUES TO YOUR LOCAL CHAPTER OF THE ALLIANCE FOR GOOD GOVERNMENT**

**APPLICATION FOR MEMBERSHIP IN:** (please check one-you **must** reside and be registered to vote in the parish you are applying for)

**JEFFERSON**    
 **ORLEANS**    
 **ST. BERNARD**    
 **ST. TAMMANY**

**APPLICANT INFORMATION** (please print- all lines must be completed)      **DATE:** \_\_\_\_\_

<b>NAME:</b> _____	<b>VOTER REGISTRATION INFORMATION:</b>
<b>ADDRESS:</b> _____	<b>WARD:</b> _____
<b>CITY:</b> _____ <b>ZIP CODE:</b> _____	<b>PRECINCT:</b> _____
<b>DATE OF BIRTH:</b> ____ - ____ - ____	<b>PARTY AFFILIATION:</b> _____
<b>SPOUSE:</b> _____	<b>CONTACT INFORMATION:</b>
<b>OCCUPATION:</b> _____	<b>HOME PHONE:</b> ____ - ____ - ____
<b>EMPLOYER:</b> _____	<b>CELL PHONE:</b> ____ - ____ - ____
<b>EMPLOYER ADDRESS:</b>	<b>BUS. PHONE:</b> ____ - ____ - ____
_____	<b>FAX:</b> ____ - ____ - ____
<b>CITY:</b> _____ <b>ZIP CODE:</b> _____	<b>E-MAIL:</b> _____
	<b>PREFERRED CONTACT METHOD:</b> _____

I understand that I am applying for membership in the Alliance for Good Government. By submitting this information, I understand and agree that all information submitted above may be researched by this organization including a criminal background check.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPONSORING MEMBER:** (print) \_\_\_\_\_ (sign) \_\_\_\_\_

With this application and your check for first year dues, it is understood that you are applying for membership in the Alliance for Good Government. Our membership committee will evaluate your credentials to see if they meet our organization's standards. If approved, the committee will submit your application to the Board of Directors, of the Alliance for Good Government, for final confirmation of membership. If your application is rejected, your check will be returned to you. If accepted, we will ask to set a meeting with you to review the bylaws and rules for membership of the Alliance for Good Government.

**CHAPTER INFORMATION**

Chapter please indicate when the application was accepted for review and by signature and date when it was presented to the Board

**DATE APPLICATION SUBMITTED:** \_\_\_\_\_ **CHECK OR CASH FOR DUES:** \_\_\_\_\_

**CHAPTER HAS:**      **Approved**     **Not Approved**

**DATE:** \_\_\_\_\_ **CHAPTER SIGNATURE:** \_\_\_\_\_

**ALLIANCE FOR GOOD GOVERNMENT BOARD OF DIRECTORS** (by signature/initials below approve this application)

**DATE APPROVED:** \_\_\_\_\_ **CHAIRMAN:** \_\_\_\_\_

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