

Sawa Community Society

Membership Application Form

Applicant Information

Full Name:

Date of Birth (YYYY-MM-DD):

Full Address:

City:

Postal Code:

Phone Number:

Email Address:

Membership Type (Check one):

Regular Member - I am 18 or older and wish to participate as a voting member.

Honorary Member - I have been invited or recognized by the Society for exceptional contribution.

Tell us about yourself

1. Why would you like to join the Sawa Community Society?

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2. What skills, experiences, or interests would you like to contribute?

3. Are you available for volunteering ? (Please specify availability)

Agreement and Declaration

By submitting this application, I confirm that:

- I support the mission and purposes of the Sawa Community Society.
- I understand that membership may be terminated for misconduct or inactivity.
- I agree to follow the Society's bylaws, act respectfully, and uphold its values.

Signature:

Date:

For Office Use Only

	Application Reviewed by Board
	Approved
	Not Approved

Date of Approval:

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Board Member Initials:

Membership ID (if applicable):