

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?

Sawa Community Society

Membership Application Form

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:

Sawa Community Society

Membership Application Form

Board Member Initials:

Membership ID (if applicable):