



MEMBERSHIP APPLICATION

Name: _____

Postal Address: _____

Physical Address: _____

Type of Membership:

- Corporate/NGO/CBO P 500
Organization _____
- Individual P 100
- Student P 50
- Volunteer P 50

Date Joining (New Member) _____

Date Renewing Membership: _____

Expiry Date: _____

Tel: _____ Cell: _____ Fax: _____

Email: _____ www: _____

How would you prefer to be contacted about upcoming events?

- sms phone call email

Please tell us a bit about yourself:

Why are you interested in membership with BOSASNet,

What skills, talents, or passions might you bring to our organization that you are willing to share to further the goals and vision of BOSASNet?

OFFICIAL USE ONLY

Application Approved

Application Declined _____ reason

Possible Areas of assistance _____
