



Application for Membership

January 1, 2017 – December 31, 2017

SOUTHERN ASIA ADVENTIST ASSOCIATION, INC.

21200 Georgia Avenue, Brookeville, MD 20833

Mailing Address: SAAA, P.O. Box 4818, Silver Spring, Maryland 20914

Email: info@saaa.org

YOUR INFORMATION

First Name _____ Middle Initials _____ Last Name _____

Phone _____ Cell _____ Office _____

Email: _____ Second Email: _____

Your Address: _____ City, State, Zip: _____

SPOUSE INFORMATION

First Name _____ Middle Initials _____ Last Name _____

Phone _____ Cell _____ Office _____

Email: _____ Second Email: _____

Your Address: _____ City, State, Zip: _____

CHILDREN UNDER 18

First Name _____ Last Name _____ Date of Birth _____ Son/Daughter (circle one)

First Name _____ Last Name _____ Date of Birth _____ Son/Daughter (circle one)

First Name _____ Last Name _____ Date of Birth _____ Son/Daughter (circle one)

First Name _____ Last Name _____ Date of Birth _____ Son/Daughter (circle one)

Membership Fee enclosed: \$ _____ (mail in check with application)

Membership Fee paid online: \$ _____

Regular Members: \$50.00 (adults over eighteen years of age)

Student Members: \$25.00 (full time students over eighteen years of age)

Retired Members: \$25.00 (adults over sixty-five years of age)

Payment Date: _____

Children of Members: No additional fee; under eighteen years of age; have full membership privileges except for voting at business meetings.

By affixing my/our signature below, and payment of the membership fee, I/We apply for membership in the Southern Asia Adventist Association, Inc. and agree to abide by the terms and condition set forth in the Bylaws of the Association currently in force as may be amended. I/We acknowledge receipt of a copy of the Bylaws of the Association.

Applicant Signature _____ Spouse Signature _____

Date _____ Date _____

FOR OFFICIAL USE ONLY

METHOD OF PAYMENT: () Check # _____ () Cash \$ _____ () OTHER: VISA MC AMEX DISCOVER \$ _____

Date Received: _____ Postmark Date: _____ BOARD APPROVAL _____

Secretary (signed): _____ Board Chairperson (signed): _____

*Membership must be received or post marked on/or before March 31st of the current year.

Please mail completed application (with check) to: SAAA, P.O. Box 4818, Silver Spring, Maryland 20914

PLEASE TURN OVER. Complete and sign the PHOTO RELEASE WAIVER FORM.

Photo Release Waiver Authorization and Release

I hereby grant permission to Southern Asia Adventist Association, Inc. (SAAA), and its officers (hereinafter "SAAA") to photograph my image, likeness, or depiction and /or that of my minor children (if applicable) and /or that of my immediate family as a whole.

I hereby grant permission to SAAA to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs or images of me and/or those of my minor children and /or that of my immediate family as a whole, to be used by SAAA for any purpose, and in any medium, including print and electronic in advertisements, announcements, publications or the SAAA website.

I understand that SAAA may use such photographs/images with or without associating names thereto. I further waive any claim for compensation of any kind for SAAA use or publication of photographs/images of me and/or those of my minor children (if applicable) and /or that of my immediate family as a whole. I hereby fully and forever discharge and release SAAA from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children (if applicable) by SAAA, and covenant and agree not to sue or otherwise initiate legal proceedings against SAAA for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable) and /or that of my immediate family as a whole.

Signature _____

Print Name _____

Print Date _____

Print Name of Minor Child (below 18 years)

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____