



# Application for Membership

January 1, 2018 – December 31, 2018

## 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](mailto: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)

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)

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

**Membership Fee paid online:** \$ \_\_\_\_\_

**Payment Date:** \_\_\_\_\_

*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 31<sup>st</sup> 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 \_\_\_\_\_