

American Women's Association

Tel: 6734-4895 Fax: 6733-6190 office@awasingapore.org 10 Claymore Hill, Singapore 229573

NEW MEMBERSHIP

YOUR DETAILS:		
First Name:	Last Name:	
Address:		
Post Code:	(Office Use) Membership Number:	R/A
Hand Phone:	Home Phone:	
Email:	Date of Birth: (DD/MM/YY)	
Citizenship:*	Relocated from:	
Your business name or employer (if applicable):		

* Please note, you may have to join a waitlist if you are not an American or Canadian passport holder – the AWA office will advise.

YOUR INTERESTS:					
Do you have a background in any of the following (please tick):					
<input type="checkbox"/> Editing/Graphics	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Financial	<input type="checkbox"/> Fundraising	<input type="checkbox"/> IT/Web	<input type="checkbox"/> Sales/Marketing
AWA members are expected to volunteer during the year to help plan and implement our activities. Please indicate which of these areas you would be prepared to help in (please tick):					
<input type="checkbox"/> Bamboo Telegraph	<input type="checkbox"/> Selling Merchandise	<input type="checkbox"/> Membership	<input type="checkbox"/> Office Work	<input type="checkbox"/> Tours	<input type="checkbox"/> Arts & Culture
<input type="checkbox"/> Individual Event Planning	<input type="checkbox"/> Individual Event Support	<input type="checkbox"/> Bar Nights	<input type="checkbox"/> Social Chair	<input type="checkbox"/> Kids Activities	<input type="checkbox"/>
Community Outreach:	<input type="checkbox"/> Working with kids	<input type="checkbox"/> Hospital visits	<input type="checkbox"/> Special needs	<input type="checkbox"/> Women at risk	<input type="checkbox"/> Environment
Is there another area you would like to volunteer in?					
Send me the bi-monthly update email: YES/NO			Include my details in the membership directory: YES/NO		

YOUR FAMILY:	
Partner's Name:	Partner Citizenship:
Partner Employer:	Partner Contact Number:
Names & Birthdates of children under 16 (DD/MM/YY):	

Membership costs \$125 for the period Jul 1, 2009 to June 30, 2010. You can pay by check or credit card through the mail, by fax with a credit card, or with any other means in the AWA office.	
Check #: (Payable to 'American Women's Association')	Credit Card Number & Expiry Date:

Liability Waiver & Declaration of Accuracy

Attachment 1 In consideration of my acceptance as a member of AWA and permitting me to partake in any of the AWA activities in which I may enroll, I, for myself, my heirs, executors or administrators, remise, release and forever discharge The American Women's Association, its officers, servants and agents or other persons authorized by AWA, from all claims, demands, actions or causes of actions, on account of my death or on account of any injury (including injury resulting in death) however caused or sustained by me or for loss of or damage (however caused) to my personal belongings suffered at any time during my attending the said activities.

Attachment 2 In consideration of AWA permitting my child to partake in any of the AWA activities in which I enroll my child, I as parent, guardian and next-of-kin of said child hereby, remise, release and forever discharge The American Women's Association, its officers, servants and agents or other persons authorized by AWA, from any or all claims, demands, actions or causes of actions, on account of my child's death or on account of any injury (including injury resulting in death) however caused or sustained by my child and for loss of or damage (however caused) to my child's personal belongings suffered at any time during my child's attending the said activities.

Attachment 3 I hereby declare that all information I have given is truthful, complete and correct at the time of writing.

PLEASE SIGN HERE:

Date: (DD/MM/YY)

FOR OFFICE USE ONLY	Database Entry by:	Date:
----------------------------	--------------------	-------