SOUTHERN ASIA ADVENTIST ASSOCIATION, INC.

21200 Georgia Ave., Brookeville, Maryland 20833*
(see mailing address below)

APPLICATION FOR MEMBERSHIP*
January 1- December 31, 2011

Name: _____
First Middle Last

Address _____ City _____ ST _____ Zip _____

Tel# _____ _____ _____
Home Work Cell

Email Address: (1) _____ (2) _____

Spouse: _____
First Middle Last

Tel# _____ _____
Work Cell

Email Address: (1) _____ (2) _____

Names (and ages) of Children: _____

Membership Fee: Amount enclosed $_____ (checks payable to SAAA, Inc.)

Regular Members – $50.00 each (adults over eighteen years of age)
Student Members – $25.00 each (full time students over eighteen years of age)
Retired Members – $25.00 each (adults over sixty-five years of age)
Children of Members (under 18 years) – no additional fee - have full membership privileges except for voting at business meetings

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

Signature _____ _____
Applicant Spouse

Date: _____ Date: _____

FOR OFFICIAL USE ONLY

Method of Payment: ( ) Check ( ) Cash ( ) Other
Date Received: _____ Postmark Date: _____
Board Approval: _____

_____ _____
Secretary Board Chairperson

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*Membership must be received or post marked on/or before March 31.

If mailing, please send to: **SAAA, P.O. Box 4818, Silver Spring, MD 20914**