

SABA Membership Application Form

Please complete PART I and PART II of this form and hand in to SABA Secretary or mail to Secretary, SABA Inc., 4415 Fortran Ct., San Jose, CA 95134. Thank you for your interest in SABA membership!

PART I: CONTACT INFORMATION

SELF: Last Name _____ First Name _____ Middle Name _____

SPOUSE: Last Name _____ First Name _____ Middle Name _____

CHILD1 (>18): Last Name _____ First Name _____ Middle Name _____

CHILD2 (>18): Last Name _____ First Name _____ Middle Name _____

Address _____

Phone Number _____

Emails: (Self) _____ (Spouse) _____

(Child1) _____ (Child2) _____

Your contact information above will be used in all membership-related communications with you. Please inform SABA of any changes in your address, phone number, or email to ensure you will receive all membership-related materials.

I (we), hereby request to become member(s) of Shia Association of Bay Area (SABA, Inc.). I (we) have read, understood, and agree with the membership terms and conditions as outlined in PART III on the backside of this form.

SIGNATURE (SELF) DATE SIGNATURE (SPOUSE) DATE

SIGNATURE (CHILD1) DATE SIGNATURE (CHILD2) DATE

Privacy Policy: Information you submit on the membership application will only be used for SABA internally. SABA does not sell, rent, or lease its membership lists to third parties. The information you provide will not be used for any commercial marketing purposes. SABA does not solicit sensitive member information via e-mail. If you do receive an e-mail message that appears to come from SABA which requests such information, please report it to SABA or forward it immediately to saba@saba-igc.org so that SABA can respond quickly to mitigate potential damage. SABA will not release personal information to any other parties unless we receive explicit written authorization from the member to do so, except to respond to judicial process, to comply with state, federal or local laws, to take precautions against liability, or, to the extent required by law, to provide information to law enforcement agencies.

PART II: MEMBERSHIP DUE

Minimum membership due is \$50/month or \$600/year per person (\$25/month or \$300/year for full-time students.) In order to vote in any year, one should be a member with all membership dues paid during the preceding calendar year (January 1 to December 31). Members under financial hardship may apply for a partial or total waiver of membership dues and/or perform volunteer work at SABA in lieu of minimum membership due based on non-affordability (see PART III MEMBERSHIP TERMS AND CONDITIONS on the backside of this form for details.)

I would like to pay my Membership Due as below (I am requesting reduced membership due based on non-affordability):

Direct Deposit. I would like to make regular monthly donations of \$50, \$100, \$150, \$200, \$250 or \$_____ per month to SABA for my membership. You may debit monthly donations from my account below:

Name of Financial Institution: _____

Account Number: _____ Checking / Saving (Please circle one)

Routing Number: _____ Your Signature _____

One Time Donation. I would like to make one time donation of \$_____ for my membership till (Date)_____.

Check # _____ Money Order# _____ Enclosed (Please make checks/money orders payable to SABA, Inc.)

Credit Card Charge: Visa  MasterCard  Other: _____

Card #: _____ Expiration Date _____ / _____

(Name as it appears on the card)

(SIGNATURE)

Volunteer Work. I would like to perform volunteer work at SABA. I am available at the following days/times of the week:

PART III: MEMBERSHIP TERMS AND CONDITIONS

- 1) Minimum age to vote is 18.
- 2) In order to vote in any year, one should have been a member with all membership dues paid during the preceding calendar year (January 1 to December 31). For example, in order to vote in an election in November 2008, one should be a member from January 1 2007 to December 31 2007 with all dues paid.
- 3) Minimum membership due is \$50/month or \$600/year per person (\$25/month or \$300/year for full-time students.)
- 4) Members under financial hardship may apply for a partial or total waiver of membership dues based on non-affordability. The Board of directors will review waiver request and either deny or approve the request. The Board will consider other factors like volunteering, participation, and recommendation by other members. Subject to approval of Board of Directors of SABA, individuals who cannot afford minimum membership due may pay as much as they can afford and/or perform volunteer work at SABA in lieu of membership due. SABA Board of Directors reserves the right to accept or deny such request, or ask for further documentation, at its own discretion. If approved, such memberships should be renewed every year.
- 5) All SABA members should have and maintain good moral characters.
- 6) Members may not disrupt SABA programs or operations, disturb peace or demonstrate any unruly behavior on SABA premises or during any event or program sponsored by SABA.
- 7) Members must abide by SABA bylaws and follow its rules and regulations posted on SABA premises.
- 8) SABA reserves the right to accept or deny any membership application at its own discretion.

FOR OFFICE USE ONLY

PART IV: MEMBERSHIP APPROVAL

This Membership Application was approved/denied (*circle one*), Volunteer work or reduced membership due approved/denied (*circle one*) in the meeting of Board of Directors of SABA on (*Date*) _____.

If approved, membership starts from the above date of Board meeting in which this application is approved. The following SABA membership number(s) is (are) assigned to the applicant(s).

SELF: SABA Membership Number _____ Membership Starting Date _____
 SPOUSE: SABA Membership Number _____ Membership Starting Date _____
 CHILD1: SABA Membership Number _____ Membership Starting Date _____
 CHILD2: SABA Membership Number _____ Membership Starting Date _____

Comments: _____

BY: SABA Secretary _____
 Name Signature Date

Membership Approved till (<i>Date</i>)	Membership Due Payment
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Membership Number			
SELF	SPOUSE	CHILD1	CHILD2