



## DREAM ACHIEVERS MEMBERSHIP APPLICATION FORM

To ensure we have the correct contact details for you, please fill out this form and submit it to the admin officer.

Name:		DOB	dd		mm		yy	
Address:								
Mobile number:		Email Address:						

### PERSONAL INFORMATION

<b>Gender</b>	M		F		<b>Sociable?</b>	Yes		No		<b>Ability to delegate?</b>	Yes		No	
Personal skills														
Hobbies														
<b>Would be interested in volunteering for Dream Achievers?</b>										Yes		No	sign here	
<b>Empathy</b> (the capacity to understand or feel what another person is experiencing from within their frame of reference)										Yes		No	PNTS	
<b>INTEGRITY</b> (the quality of being honest and having strong moral principles)										Yes		No	PNTS	

**If “YES” Please select A or B:**

- A. I would like to join Dream Achievers as a full member with an executive post and voting rights
- B. I would like to join Dream Achievers as an honorary member

Honorary membership is free but does not give executive post or voting rights

Do you have any activities to suggest for Dream Achievers? Please describe:

I have read the Dream Achievers Charter & Bylaws and agree to adhere to the rules and regulations therein.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Your Dream Achievers membership fee helps to cover the cost of our General Meetings and office administration. Thank you!**

**For official use only (To be handled by the organization Administrator)**

	Date	Name/Signature	Remarks
Application received			
Application accepted			
Membership fee paid			