



# ARAKAN MAYYU ORGANIZATION FOR DEVELOPMENT

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## MEMBERSHIP FORM

### PERSONAL INFORMATION:

First Name:		Last Name:	
Father's Name:			
Date of Birth:		Age:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:
Occupation:			
Full Address:			
Province:		Postal Code:	
Phone Number:		E-mail:	

### MEMBERSHIP DETAILS:

Membership Type:	<input type="checkbox"/> Regular	<input type="checkbox"/> Student	<input type="checkbox"/> Lifetime
Membership Fee:	(Amount in CAD)		

### DECLARATION:

- I declare that all the information provided in this membership form is true and accurate to the best of my knowledge.
- I understand that providing false or misleading information may result in the rejection of my membership application or the termination of my membership, or may be sued me in the court of Law, if discovered at a later date.
- I am not currently involved in any other community organization and have not been convicted in any criminal court.
- I understand that membership in Arakan Mayyu Organization for Development (AMOD) is contingent upon compliance with its constitution, rules and code of conduct; and I agree to adhere to all AMOD policies and guidelines, as outlined in its governing documents.
- I acknowledge that failure to comply with AMOD rules may result in disciplinary action, including but not limited to warnings, suspension, or termination of membership, as determined by the organization's governing body in accordance with AMOD's established procedures.
- I also agree to inform AMOD promptly of any changes to the information provided in this form, including but not limited to changes in contact details or membership status.
- I acknowledge that membership in AMOD is voluntary and that I am joining the organization willingly as well as signing this form with full consciousness and good health and without any coercion.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Membership approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Membership Type:	<input type="checkbox"/> Regular	<input type="checkbox"/> Student	<input type="checkbox"/> Lifetime
Membership ID Number:			Approved Date:			

Office