

SOUTH SHORE HAITIANS UNITED FOR PROGRESS, Inc



There Is Strength In Unity



Phone : 857-244-5512 Fax : 508-857-3748

PO Box 571 Brockton, MA 02302

www.sshup.org

MEMBERSHIP FORM

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

DOB: _____ (month and date only)

How did you hear about SHUP?

Members () Friends () Words of mouth () Radio () Television ()

Organization Partners () _____

Other () _____

Skills and Interests?

Fundraising () Outreach () Leadership () Public Relations () Grant Writing ()

Organizing () Other _____

Would you attach your resume to this application? (optional): Yes _____ No _____

Permission to use photographic images: Photos of members may be used in various occasions, either in our newsletter, our website, flyers, etc. Though group pictures may be used without identifying individual members, please indicate your permission to use your individual photographs:

- SHUP has my permission to use and identify photographs of me
- SHUP doesn't have my permission to use and identify photographs of me

Permission to record: For accuracy purposes, meetings are recorded occasionally. Please indicate your permission to be recorded:

- SHUP has my permission to record me at the meetings
- SHUP doesn't have my permission to record me at the meetings

Yearly Membership fee: \$50.00

Member Benefits: *Right to vote – Right to run for office – Acknowledgement in Newsletters – SHUP pen and/or calendar*

Member's signature: _____

Treasurer's signature: _____

We are delighted you have decided to join us and look forward to welcoming you to SHUP!