



## Society Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Preferred Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been involved with SOWINS? How and when?

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Why do you want to become a SOWINS Society Member?

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Previous or current held directorship/membership/volunteering with other organizations

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What skills resources do you bring to SOWINS as a member?

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**Please indicate additional areas of interest with SOWINS:**

Board of Directors     Volunteer

Sign me up for SOWINS Newsletter

**Thank you for your interest in supporting SOWINS!**

In signing this application for Society Membership, you are agreeing that:

-You are not in conflict of interest with the Society.

-You are not a current employee of the Society. If you are a former employee, employment was terminated at least two years prior to the date of this application.

-You will abide by the constitution, bylaws and policies of the Society and uphold the vision and mission of SOWINS.

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Applicant signature

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Date

**SOWINS Society Member Application Process**

1. Complete the membership application form
2. Email the completed membership form to [reception@sowins.com](mailto:reception@sowins.com) or mail/drop off at SOWINS Administration Office: 102-1027 Westminster Ave West, Penticton, BC V2A1L4.
3. Pay the membership fee \$10 (plus processing fees if paid online)

Memberships will be reviewed at the next Board meeting. Upon review and acceptance of membership form, applicants will receive confirmation their membership is approved.

Society memberships expire annually and are renewed at the SOWINS AGM.

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For office use only:

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Date application received

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Date Board approved