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## SAUMA MEMBERSHIP APPLICATION

I, .....  
(full name)

share in the mission and vision of SAUMA and herewith apply for membership with the Association.

Email Address : .....

Contact Number : .....

ID Number : .....  
(please include a copy of your ID)

Postal Address : .....

Date : .....

Signature : .....

For Office Use Only		
<b>Membership confirmation:</b>	<b>Yes</b>	<b>No</b>
<b>Date:</b>	.....	