



ECSAR - Somali Advocacy Agency

Edmonton Council for Somali Advocacy and Research

MEMBERSHIP FORM

Applicant Information

Full Name: _____
Last First Middle Name Gender

Address: _____
Street Address Apartment/Unit #
_____ City Province Postal Code

Phone: _____ Email _____

Are you a Somali person or Somali community organization? YES NO Do reside in Edmonton City? YES NO

Are you 18 or older? YES NO

Membership Type and Interest

- Adult – select this membership type if you are 18 and older
Student – if you are student in collage, university or other form of schooling (e.g. language training)
Somali Community Organization or

Are you interested in playing role in the formation of ESCAR? YES NO

Are you interested in learning more about ESCAR? YES NO

Membership Fee (Select monthly or yearly payment)

Table with 7 columns: Adult, \$10 per month, \$120 per year, Students, \$5 per month, \$60 per year, Somali Community Organizations, \$20 per month, \$240 per year, Somali Business, \$30 per month, \$360 per year.

Declaration and Signature

I certify that my answers are true and complete to the best of my knowledge. I hereby grant ESCAR to store and process my personal data for the purpose of administering my membership of ESCAR. I am aware that I may withdraw my membership consent by notifying the ESCAR in writing at any time.

Signature: _____ Date: _____