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| GUYANA EMPOWERED PEOPLES’ ACTION NETWORK (GEPAN)Membership Application FORM | | |
| **Applicant Information** | | |
| Name: | | |
| Date of birth: | **Email:** | Phone: |
| Current address: | | |
|  | | |
| Gender: | **Occupation:** | No. of Children: |
| Civil/Marital Status: Single/Married/Divorced/Widowed | | |
| **REASON FOR JOINING GEPAN (optional)** | | |
| WHAT ARE YOUR EXPECTATIONS FROM GEPAN? (OPTIONAL) | | |
| **If called on to act, will you be willing to:** Volunteer:  Participate in public demonstrations:  Assist in fundraising activities: | | |
| I the undersigned, certify that the information I provided to the best of my knowledge, is complete, current and accurate  Signature of applicant: Date: | | |
| DECISION OF ORGANISTION  Approved: Date of approval: | | |
| Signature of Secretary: | |  |
| Signature of President: | |  |