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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 ORGANISTIONApproved: Date of approval:  |
| Signature of Secretary:  |  |
| Signature of President:  |  |