



Mission Statement:

“US-Fiji Outreach assists underprivileged students of Fiji Heritage. Regardless of ethnicity, it promotes education and support to future generations and helps them to realize their full potential of becoming outstanding citizens of tomorrow.” “Enduring Mission: Promoting self awareness that education provides. Providing financial assistance to underprivileged students. Becoming better citizens of tomorrow.”

USA-FIJI OUTREACH

EIN: 26-2537715

Mail: P.O. Box 440 Hayward, CA 94557-9998

Email: usafijioutreach@usa-fijioutreach.org

Website: www.usa-fijioutreach.org

USA-FIJI OUTREACH MEMBERSHIP REGISTRATION FORM

I _____, would like to be considered for membership with USA-FIJIOUTREACH.

I have read and understood the mission statement which states that “USA-FIJI OUTREACH assists underprivileged students of Fiji Heritage. Regardless of ethnicity, it promotes education and support of future generations and helps them to realize their full potential of becoming outstanding citizens of tomorrow”.

“Enduring Mission: Promoting self awareness that education provides, providing financial assistance to underprivileged students. Becoming better citizens of tomorrow.”

I also understand that the Yearly membership fee is **\$25.00** and is due on January 1st, of each year.



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APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Are you 18 years or older? Gender: Male _____ Female _____

- Yes
- No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Home Phone: _____

Cell Phone: _____

Email: _____

Business: (if applicable) _____

Other Organization Affiliations:

Areas of interest within USA-FIJI Outreach (Please check appropriate one):

Club Service ____ Community Service: ____ Finance: ____ Vocational Service: ____

International/Public Relations: ____

Please check all that apply:

- Directors, Patron
- I am a new member
- I am renewing my membership (Due January 1st, each year).
- Student member



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If you are a student, there is no membership fee. Need to be in school.

Primary Guardian (If you are under 18 years):

Guardian Type:

- Father
- Mother
- Other/Legal (Please indicate type) : _____

Last Name: _____ First Name: _____ M.I. _____

Gender:

- Male
- Female

COMPANY/SCHOOL/ OCCUPATION:

1. Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

2. Employer: _____ Employed since (mm/yyyy): _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell: _____ Email: _____



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2. Name of School you are attending: _____

Type (underline appropriate one): High School/College/University/Other (please indicate): _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell: _____ Email: _____

(If adding more information, please use a blank sheet and attach together with the application. Indicate Section and number you are providing information for.)

EMERGENCY CONTACT:

Name: _____ Relation: _____

Cell: _____ Work: _____ Home: _____

Email: _____

RULES & REGULATIONS include:

- ❖ All United States Federal and States Law rules apply.
- ❖ Strictly-No alcohol, drugs, firearms and gangs allowed.
- ❖ Requires you to attend two thirds of all scheduled meeting unless excused.
- ❖ Actively participate in assisting and planning of events, supporting, promoting and gathering sponsors in a positive, efficient and transparent manner. Informing and representing USA-FIJI OUTREACH with goodwill and professional conduct. USA-FIJI OUTREACH reserves the right to terminate membership at any time.
- ❖ If applicant is under 18 years (To be signed by parent or guardian).

**A copy of the By-Laws will be made available upon approval of membership.



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ADDITIONAL DOCUMENTS Required (2 forms of Identification):

- ❖ Please include passport size photo
- ❖ Copy of 2 forms of State or Government issued Photo ID Card (may include Drivers License)

***Additional documents maybe requested.

APPLICANTS DECLARATION

I _____ (Applicant) acknowledge and understand that my membership (upon approval) with USA-FIJI OUTREACH will be on a voluntary basis and of my free will.

I, hereby, irrevocably agree to indemnify USA-FIJI OUTREACH, the committee, its officials, members, volunteers and affiliates and hold them irreproachable against any claims, lawsuits, demand and or liabilities.

I have read, understood and hereby agree to abide by the rules and regulations of USA-FIJI OUTREACH.

Signature of Applicant: _____ Date: _____

(If under 18)

Signature of Parent/Guardian: _____ Date: _____

***The application should be returned to the Board within 10 Business days of the Applicant/Guardians signed dated above.**

***Failure to do so will render application as null and void.**



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*****Internal Use only*****

Date: application received: _____ Subscription received (Yes/No/NA): _____

Reviewed by: _____

Approved by: _____

Title: _____

Comments: _____
