

# BWA MEMBERSHIP APPLICATION FORM - 2010

## Members Details

Title:	First name:	Last Name:		
Address:	Home Phone:			
	Mobile No:			
	Birthday:			
Email:	Company Name:			
Nationality:	Company Phone:			
Interests (up to 4):	1	2	3	4
Previous Postings (up to 4):	1	2	3	4
Current/Previous Occupation:	Date Arrived in Indonesia: / /			
Blood Group if willing to give blood in an emergency:	Date Joined: / /			

## Husband/Partners Details

Title:	First name:	Last Name:		
Nationality:	Company Name:			
Email:	Company Phone:			
Mobile No:	Company Fax:			

## Children's Details

Child 1:	DoB: / /	School:
Child 2:	DoB: / /	School:
Child 3:	DoB: / /	School:
Child 4:	DoB: / /	School:

PTO - More on reverse ...



## Office Use Only

Membership Type:	F / A / H	Database:	<input type="checkbox"/>
Date Joined:	/ /	Email Dist List:	<input type="checkbox"/>
Rp 600,000 Fee Paid	<input type="checkbox"/>	Copy Newcomers:	<input type="checkbox"/>
Newcomers Pack:	<input type="checkbox"/>		

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## Members Details - For Newcomers Welcome Team

First name:	Last Name:
Mobile Phone No:	Email:

## BWA MEMBERSHIP APPLICATION FORM - Continued

The BWA is run by volunteers. If you would be willing to volunteer some of your time in any of the following areas, please tick: ✓

<input type="checkbox"/> Social Welfare	<input type="checkbox"/> Social Functions
<input type="checkbox"/> Craft	<input type="checkbox"/> Occasional Help
<input type="checkbox"/> General	<input type="checkbox"/> Administration

Do you have any experience in any of the following areas: (Please ✓ tick all relevant)

<input type="checkbox"/> Marketing	<input type="checkbox"/> Art	<input type="checkbox"/> Teaching	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Acting
<input type="checkbox"/> Advertising	<input type="checkbox"/> Design	<input type="checkbox"/> Pre-School	<input type="checkbox"/> Computers	<input type="checkbox"/> Music
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Graphics	<input type="checkbox"/> Medical	<input type="checkbox"/> Administration	<input type="checkbox"/> Dance
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Video	<input type="checkbox"/> Counselling	<input type="checkbox"/> Accounting	<input type="checkbox"/> Stage Production
<input type="checkbox"/> Writing	<input type="checkbox"/> Editing	<input type="checkbox"/> Publishing	<input type="checkbox"/> Web/Email	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Photography	<input type="checkbox"/> Technology	<input type="checkbox"/> Fitness	<input type="checkbox"/> Other:	<input type="checkbox"/>
<input type="checkbox"/> Languages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information you have provided overleaf will be entered into the BWA Directory (apart from Blood group and previous postings). The BWA endeavours to ensure that the information is only available to the Committee and Members.

**Each Member is asked to protect their copy and shred all out-of-date copies.**

The information on this page is not for publication in the directory.

Statement of Responsibility and Waiver

I agree and accept that, as a Member of the BWA, I am solely responsible for my actions and statements, and I am fully liable for the consequences thereof.

I understand that the BWA is in no way responsible for any loss or accident which may befall me or my guests whilst participating in any event sponsored or organised by the BWA.

Signature: _____	Date: _____
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**BWA Website: [www.bwajakarta.org](http://www.bwajakarta.org)**