



PothiseVa Membership Form

Name		
Date of Birth		
Address		
Phone Number		
Email		
Membership Level (Please tick your choice)	Primary Member: <i>-You will be assigned a duty within PothiseVa.</i>	
	Secondary Member <i>-No formal duty assigned. You will receive newsletters and publications.</i>	
Data usage agreement (Please tick the box to show you consent)	I consent to receive ONLY the PothiseVa newsletter and other relevant updates via email.* <small>*Please email sevadar@pothiseva.net if you wish to un-subscribe at any point)</small>	

As a registered volunteer, I have read and agree with the constitution document (dated 13/04/2022).

Signature.....

Date.....

Accepted as a member	Date accepted	Membership Number Assigned