



Dear New Sambaza Group Member,

Thank you for choosing to become a member of Sambaza Group. Your contribution of support is invaluable for achieving the goals of Sambaza Group, and we hope that together we can strive to meet our objectives. It is the goal of Sambaza Group to unite talented and passionate professionals, in order to create a border-spanning web of action, working towards the betterment of the world community. We are very pleased to count you as one of us.

The basic membership fee is US\$ 10 per year, however larger donations are of course heartily welcomed. Please be sure to include your payment with this membership form, and to indicate your donation amount at the bottom of page one.

All members receive periodic updates on our progress. If you are interested in playing a more active role in Sambaza Group, please make sure to provide us with as much information on your background and skills as possible.

Thank you again, we look forward to working with you,

Matthew Pelowski and Javier Gordon Ogembo
President and Founders, Sambaza Group



Membership Application

Member No.
 Date / /
 (Office use only)

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Member Name

Last (Family) Name _____
 First Name(s) _____
 Title (Dr. Mr. etc.) _____

Contact information

Phone (personal) _____
 Phone (office) _____
 Fax _____
 Email address _____
 Postal code _____
 Address line 1 _____
 Address line 2 _____
 City _____
 Country _____

Information

Occupation (optional) _____
 Company Name (optional) _____

Your special skills/ abilities that might benefit Sambaza Group:

Are you interested in actively working with Sambaza Group?

YES: I am interested in the following areas:

NO: I just want to be updated on Sambaza Group News.

How did you find out about Sambaza Group?

Donation Amount (please make donations in US\$10 increments) \$ _____ 0.00





Membership Application: special skills and background

It is the mission of Sambaza Group to unite talented and motivated individuals across the world in a common pursuit, and to focus each of our unique skills toward common goals. We hope that with your membership in Sambaza Group, we can count on your special skills and expertise. We therefore would be very interested in knowing what you consider your special skills to be. What can you share with us?

This section is completely optional.

Educational Background

Post Graduate

Name of Institution	_____	Date of Graduation	/ /
Address	_____		
Major	_____	Degree obtained	_____

Name of Institution	_____	Date of Graduation	/ /
Address	_____		
Major	_____	Degree obtained	_____

University

Name of Institution	_____	Date of Graduation	/ /
Address	_____		
Major	_____	Degree obtained	_____

Special Training (please list any special training or certification that you have received. e.g., first aid etc.)

Related Work/ Volunteer Experience

Name of Institution	_____	Dates held	/ / to / /
Position	_____		
Description of duties	_____		

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Position	_____		
Description of duties	_____		

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Position	_____		
Description of duties	_____		

Name of Institution	_____	Dates held	/ / to / /
Position	_____		
Description of duties	_____		

Special Skills/ expertise (please list any special skills that you have or that you are interested in sharing)

Interests and Hobbies

