Membership Disclosure Form

(Application for ages 18+)

The following information shall be documented in order to understand demographics. Under no circumstances shall the provided information be shared to any organization or individual who is not a Board of Director of the Strength and Honor Foundation. If you have any comments, questions, or concerns please visit our membership tab on our site or contact a board member at [strengthandhonor42@gmail.com](mailto:strengthandhonor42@gmail.com)

Any question marked with an asterisk is a **required** question.

\*\* First and last name: (Response)

\*\*Date of birth: (Response)

\*\*Email: (Response)

Preferred phone number: (Response)

Identified sex/gender: (Response)

Ethnicity/Race: (Response)

Home address (Response)

The following questions provide us greater insight as to who you are. Please choose at least three of the following questions to answer, although we hope you choose to answer each one!

\*\* What made you want to become a member?

\*\* Describe your interest for our mission.

\*\* What are your current goals in life?

\*\* How long have you been an active member in your community?

\*\* Are you planning on being a long term or short-term member?

\*\* What other charitable organization are important to you?

\*\* How would a co-worker describe you?

I, (***NAME HERE***) , completely understand, without impaired judgement, the information stated above and have thoroughly read the application and agree to abide by federal, state, and organizational laws set forth.

(HERE)

*Member Signature*

(HERE)

*Date*

(HERE)

*Printed Name*

(HERE)

*Approving Board Member*

