

# ST. SAVA MISSION FOUNDATION, INC.

Jackson, California

Established 1962

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

To the Members and Officers of the St. Sava Mission Foundation:

As per its Constitution and By-Laws, the Purpose of the St. Sava Mission Foundation is to preserve and promote the educational, charitable, cultural and other institutions of people of Serbian heritage, and to promote and maintain activities commensurate and consistent with the ideals and teachings of the Serbian heritage; and, its key Objectives are to provide facilities for summer camp for children and youth, senior citizens home for the aged and infirm, cultural and educational purposes, recreation and fellowship, and other allied and related needs.

As I am favorable to and in agreement with this Purpose and these Objectives, and possessing a favorable opinion of the St. Sava Mission Foundation, I desire and request to become a Member of the Foundation. In consideration of such admissions, I promise and agree that if accepted as a Member, I will fully conform to the Foundation's Constitution and By-Laws, and other Foundation guidelines, standards, practices, policies and procedures, to the extent they are in compliance with the laws of the State of California and the United States of America.

*Applicant Information (Please type or print in ink clearly):*

Application for: \_\_\_ Regular Membership (\$25 per year) \_\_\_ Legacy/Sr. Citizen (75+) Membership (\$0 per year)

Last/Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

*Permanent / Mailing Address:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation (Student, Employed, Retired): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Foundation Member Witness: \_\_\_\_\_

### FOR USE BY FOUNDATION BOARD OF DIRECTORS:

Current Member Sponsor 1 Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Current Member Sponsor 2 Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Committee Approval (1): \_\_\_\_\_ (2): \_\_\_\_\_

Presented at Board Meeting of (Date): \_\_\_\_\_ ACTION: \_\_\_\_\_  
(Comment, Approved, Hold, Denied)

Recorded by Board Secretary: \_\_\_\_\_ Annual Meeting Affirmation: \_\_\_\_\_  
(Approved or Denied)

**ST. SAVA MISSION FOUNDATION, INC.**

PO Box 252 Jackson, CA 95642