**SHERIDAN OFFICE ADMIN ASSOCIATION**

**MEMBERSHIP FORM - 2017**

|  |
| --- |
| **Member Information** |
| Full Name (Printed) |  |
| Student Number |  |
| Email |  |
| Contact Number |  |
| Emergency Contact(Name and Number) |  |
| Signature and Date |  |

* I agree to Sheridan’s student policies and ethics
* I agree to respect all SOAA member’s thoughts and opinions, and agree to promote a healthy environment
* I will not discriminate in any form including, but not exclusive to, culture, race, religion, and sex
* I consent to have my picture taken and used for promotional purposes
* I would also like to be part of **Change for X - Sheridan**

