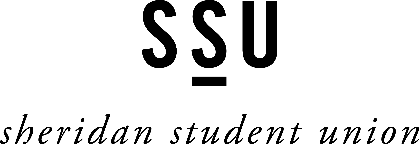
**SHERIDAN OFFICE ADMIN ASSOCIATION**

**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**



[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjT19eTxa3PAhVMxYMKHSScCu4QjRwIBw&url=http://www.thessu.ca/emergency-food-resource/&psig=AFQjCNEWNShB5ZUME9pUX44vPwxiLy4gMg&ust=1474996707201204)