



Monte Vista Sewa Application

Name: _____ Grade: _____

Address: _____ City: _____

Zip Code: _____ Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Email Address

* To be recognized as an official member by MV SEWA Club International, dues must be paid by:

Donation \$15—you may pay in cash or turn in a check made out to MVHS SEWA Club. Please attach the \$15 to this document before turning it in.

Our Mission : Sewa International desires a world of equality where everyone is happy, enjoys good health, and lives in harmony with nature. Sewa, when called would be among the first to serve when disaster strikes.

By signing this document, I pledge to commit, participate and lead our society to a better world.

REQUIREMENTS to be recognized as an official member:

2. Attend at least half of the meetings monthly
3. You must have 5 activity points every semester

Have questions?

Contact us, the officers at: mvhssewa@gmail.com or DM us on igtagram @mvsewa

I _____ agree to these terms.

X. _____

Student Signature

X. _____

Date

PLEASE RETURN THIS APPLICATION AND DUES BY 3:10 PM October 13, 2017 to room 406