



TASK FORCE

TASK FORCE MEMBERSHIP FORM

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) - _____ - _____ APT/SUITE: _____

DIVISION / DISTRICT NAME: _____

DO NOT FILL DIVISION - FOR TASK FORCE ONLY

MEMBERSHIP DEFINITION: A Task Force member is an individual authorised to serve as a staffer to The Task Force Organisation who works to fulfil its mandate in a capacity they have been appointed to carry out.

ELIGIBILITY REQUIREMENTS: Any individual seeking to become a Task Force staffer shall be willing to fulfil the Task Force mission and abide by its mandate; be willing to complete the assignments delegated to them by the Task Force to the best of their ability; be willing to abide by all conduct standards enacted by the Task Force; and shall work to progress the Task Force's objectives and not impede upon its process.

I have read the above; have filled in the appropriate information; understand the definition and eligibility requirements and am eligible by the standards established; shall commit to working to fulfil the Task Force Mandate; and consent to having my membership form considered by the Task Force Order.

Signature

DATE: _____

Anjali Sehra - Order Chair

Adelina Grotenhuis - Chief of Staff