



MEMBERSHIP REGISTRATION FORM

(attach passport with white background)

RARE LOVE EMPOWERMENT FOUNDATION

SECTION A: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____

Occupation/Profession: _____

Phone Number (WhatsApp): _____

2nd Phone Number:): _____

Active Email Address: _____

SECTION B: MEMBERSHIP CATEGORY

Please tick ONE category that best describes your intended commitment:

Volunteer Only

- Focus: Contributing professional skills, physical presence at outreaches, and advocacy.

Note: Not subject to mandatory monthly/bi-monthly donations; however, not eligible for the 5-Year Welfare Consideration.

Full Membership

- Focus: Full involvement in activities of the foundation and consistent financial support.
- Requirement: Mandatory monthly/bi-monthly donations and active meeting attendance.

Volunteer & Full Membership



SECTION C: VOLUNTARY COMMITMENT

To sustain the Foundation's mission and operational goals, each active member shall be required to make a monthly or bi-monthly financial donation:

Donation Frequency (Tick One):

Monthly

Bi-Monthly

SECTION D: COMMITMENT & UNDERSTANDING

By signing this form, I, _____, agree to the following:

- Shared Passion: I confirm that I share the vision and mission of the Rare Love Empowerment Foundation and will uphold its core values: Dedication, Originality, Compassion, and Equality (D.O.C.E.).
- Meeting Attendance: I understand that the Foundation conducts at least three (3) virtual meetings per year and a mandatory physical meeting at least once every three (3) years. I commit to participating actively.
- Financial Integrity: I acknowledge that all funds donated to or held by the Foundation are strictly for the marginalized and vulnerable. I understand that the Foundation does not provide financial support for personal celebrations (birthdays, child parties, etc.).
- Welfare Eligibility: I am aware of the Five-Year Activity Rule. I understand that I am only eligible for welfare consideration after five (5) consecutive years of active service, and only in cases that are extreme, life-threatening, or an emergency.

Signature: _____ Date _____

SECTION E: EMERGENCY CONTACT

Next of Kin Name: _____

Relationship: _____ Phone: _____

OFFICIAL USE ONLY

Date of Admission: _____

Assigned Membership ID No for the new member: _____

Authorized Signatory (Secretary/CEO): _____