



GAMBIAN
SCHOOLS OF HOPE
FOUNDATION

MEMBERSHIP AGREEMENT

RAISE



THE GAMBIAN HELPING HANDS

**I would like to become a volunteer member of
"GAMBIAN SCHOOLS of HOPE FOUNDATION".**

I consent to my data being saved.

Name, first Name:

Street:

Zip Code Residential Address:

Tel:

Email:

**I will perform the following tasks in the spirit of the
"Gambia Schools of Hope Foundations":**

- Member support
- Contact with schools and directors
- Establishment of the association in Gambia according to a specified structure (Förderverein Raise - the Gambian helping Hands)
- Transparency, control, obligation to provide evidence of the funds
- Zoom meetings with all members of both clubs
- Accountability
- Bringing your own ideas and suggestions to improve the work and approach in the association

Signature / Date

We look forward to your membership!

RAISE – the Gambian helping Hands

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www.raisethegambianhelpinghands.org