



CONGRESS OF THE PEOPLE

MEMBERSHIP FORM

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CARD NUMBER\MEMBER

CONSTITUENCY

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

DATE OF BIRTH / /
DAY MONTH YEAR

ID#\DP#\PP#

EDUCATION LEVEL PRIMARY TERTIARY
SECONDARY OTHER

TELEPHONE HOME
MOBILE OFFICE
OTHER

EMAIL ADDRESS

REGISTERED TO VOTE YES
NO

FOUNDING MEMBER FEE \$

SIGNATURE

FOR OFFICIAL USE ONLY

RECEIVED FROM

ADDRESS

DATE / /
DAY MONTH YEAR

RECEIVED BY