



MEMBER REGISTRATION FORM

First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Phone No.	<input type="text"/>		
ID/Passport No.	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/> <small>✓ Tick appropriately</small>
Are you a Person with a disability?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>✓ Tick appropriately</small>	Ethnicity	<input type="text"/>
Religion	<input type="text"/>	County	<input type="text"/>
Constituency	<input type="text"/>	Ward	<input type="text"/>
Polling Centre	<input type="text"/>		
Membership Level	<input type="checkbox"/> Ordinary (Ksh. 50) <input type="checkbox"/> Life Membership (Ksh. 10,000) <small>✓ Tick appropriately</small>		
	<input type="checkbox"/> Corporate /Associate Membership (Ksh. 10,000)		
Signature	<input type="text"/>	or	<input type="text"/>

I hereby confirm that with effect from this date, I have voluntarily joined CHAMA CHA UZALENDO (CCU) Party. Equally, I have also resigned from any other political party I might be registered in with effect from these date.

Fingerprint

NOTE

Please attach your ID copy.

Secretary General,

CHAMA CHA UZALENDO.

☎ 0721280573, 0723714993, 0722308124



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