



MEMBER REGISTRATION FORM

First Name

Middle Name

Last Name

Email

Phone No.

ID/Passport No.

Date of Birth

Gender

M

F

✓ Tick appropriately

Are you a Person
with a disability?

YES

NO

✓ Tick appropriately

Ethnicity

Religion

County

Constituency

Ward

Polling Centre

Membership Level

Ordinary (Ksh. 50)

Corporate
/Associate
Membership

Life Membership

(Ksh. 10,000)
✓ Tick appropriately

Signature

or



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.

NOTE

Please attach your ID copy.

Secretary General,

CHAMA CHA UZALENDO.

📞 0721280573, 0723714993, 0722308124



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