

SYCA Membership Registration Form / Fom Din Shiga Kungiyar SYCA

Full Name / Cikakken Suna:

Date of Birth / Ranar Haihuwa:

Phone Number / Lambar Waya:

Address / Adireshi:

Skills / Occupation / Kwarewa / Sana'a:

I agree to abide by the constitution and rules of SYCA.

Na yarda zan bi dokoki da ka'idojin SYCA.

Signature / Sa hannu: _____ Date / Ranar: _____