



MEMBERSHIP APPLICATION FORM/FORM A.

Full Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female

Residential Details:

Country: _____ State/Province: _____

County: _____ Payam: _____

Current city: _____

Contact Details:

Mobile Number: _____

Email Address: _____

Educational Background:

☐ Primary ☐ Level Secondary Level

Tertiary Level:

☐ Diploma in _____

☐ Bachelor's Degree in _____

☐ Master's Degree in _____

☐ PhD in _____

☐ Other in _____

Declaration

I confirm that I am voluntarily joining the SDP and have renounced the membership of any other Political Party and that I am applying for the SDP ordinary membership. I fully pledge that I shall abide by the Party's Constitution, aims, objectives and values.

Signature: _____ Date: _____



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NB. Membership fee will be paid after the party's registration. You only become a valid member and entitled to all the privileges of the party upon payment of the membership fee. Payment amount and instructions will be issued later by the Secretariat.

Send your form to: sunrisedemocraticparty@gmail.com or contact these numbers for enquiries: Australia: +61470467705, +61499199591, South Sudan: +211921765370, North America: +16193174504, Europe: +4528188205

Office Use Only

Approved By: Name: _____ Signature: _____

Occupation: _____

Date: _____ New Member's Membership Number: _____

Membership Fee: _____