In God We Trust

Maldivian National Congress

MEMBERSHIP APPLICATION FORM

Complete and return this form to the appropriate MNC Membership Officer.

PP Size Photograph

First name: Membership Category: Membership Type: Identity number: Previous ID Card No: Subscription amount: Donation amount: New Member: Renewal: Date of Birth: Blood Group: Gender: Language: Occupation: Home Address: Home telephone: Postal code: Work Address Work telephone: Fax: Mobille: * I am over 18 years of age and I, the above, solemnly declare that I will abide by the aims and objectives of the MNC set out in the Constitution of the Republic of Maldves; that I am joining the organisation voluntarily and without motives of personal gain or material advantage, and that I will participate in the life of the organisation as a loyal, active and disciplined member. 1. Signature:	Surname:
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