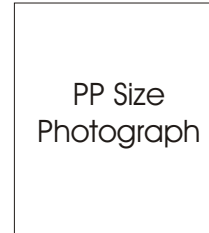


In God We Trust

Maldivian National Congress

MEMBERSHIP APPLICATION FORM

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



Surname:

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:

Mobile:

* 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 Maldives; 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: _____ 2. Signature: _____

Date: _____