



SOUTH SUDAN AFRICAN NATIONAL UNION SSANU - PARTY

Head Office Juba-South Sudan



Photo

MEMBERSHIP APPLICATION FORM

Membership No: _____

Date: _____

A. Identification:

1. Full Name _____ Sex _____
2. Date of birth _____ Education _____
3. State _____ Residence Location _____
4. County _____ Payam _____ Boma _____
5. Phone No _____ E-mail _____
6. Occupation _____ Marital Status _____

B. Recommendations from two members of SSANU Party:

1. First recommendation from _____ Signature _____
2. Second recommendation from _____ Signature _____

C. Affidavit/Oath:

I _____ am a South Sudanese citizen. I am an eligible voter _____ years old. I am joining SSANU Party on my own free will. I am not a member of any other Political Party. I shall abide by SSANU Constitution.

Applicant Signature _____ Date _____

Approved by: Secretary General of SSANU Party- National/State

Mr./Ms. _____

Signature: _____ Date _____

Endorsed by: President/Chairperson of SSANU Party- National/State

Mr./Ms. _____

Signature: _____ Date _____

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