



## **SOMALI LABOUR PARTY MEMBERSHIP FORM**

**DATE:** \_\_\_\_\_

**FULL NAME:**

**AGE OR DATE OF BIRTH:**

**PLACE OF BIRTH:**

**GENDER MALE / FEMALE:**

**TELEPHONE OR EMAIL:**

**I swear by the name of Allah SWT that I am honestly working for the Somali Workers' Party, in line with the Constitution and the Labor Party**

**Signature of applicant**

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**Signature of the registrant**

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