



# AFRICAN DEMOCRATIC CONGRESS

Motto: **IN PURSUIT OF THE WELFARE OF OUR PEOPLE**

Sen. DAB Mark

**National Chairman**

H. E. Segun Oresgbola

**National Secretary**

## MEMBERSHIP REGISTRATION FORM

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

DISABLED: \_YES/NO\_ DISABILITY TYPE: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

STATE OF RESIDENCE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

LOCAL GOVERNMENT: \_\_\_\_\_

WARD: \_\_\_\_\_ POLLING UNIT \_\_\_\_\_

PHONE NO: \_\_\_\_\_

I accept and subscribe to the Manifesto, Constitution and Programme of the party based on the ideology and ideals of Socio Democracy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Registered by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature