



MEMBERSHIP APPLICATION FORM

Complete this form to join NERI. Open to 18+. Youth 15-17 with parental consent.

PERSONAL DETAILS

Full Name: _____

ID Number: _____

Date of Birth: _____

Gender: _____

Address: _____

Cellphone: _____

Email: _____

Occupation: _____

MEMBERSHIP TYPE: Full (18+, voting) R____ Youth (15-17, non-voting) Free

DECLARATION: I support NERI's objects and agree to its Constitution.

Signature

Date

OFFICIAL USE: Received [____] | Approved [____] | Member No [____]