



# Sierra Leone Peoples' Party



## MEMBERSHIP FORM

Surname: (Alhaji/ Reverend/ Dr/ Mr/ Mrs/ Ms)\*.....

Forename: .....

Address: .....

Tel No: ..... Mobile.....

Fax No: ..... Email: .....

Home Town: .....Chiefdom: .....

District: .....Province: .....

Which age group do you fall into? Cross box.

Under 18  18-30  31-45  46 - 60  Over 60

**Registration and Declaration of allegiance:**

I apply to register as a member of the Sierra Leone Peoples' Party, and pledge that, upon becoming a member, I will be loyal to the Party and abide by its Constitution and all orders, and regulations made there under. I enclose my registration fee of: .....  
(.....) in cash, cheque or postal order. \*

Signature: ..... Date: .....

(\* Delete whichever is not applicable. Please make cheques and postal orders payable to: Sierra Leone Peoples' Party.

(This section is for official use only)

**Form No:** ..... **Date application received:** .....

**Amount Paid:** ..... **Amount Due:**.....

**Membership Type:** ..... **Membership card issued? Y/N...**

**Date issued:** ..... **Card No:** .....

**Card or Receipt issued by:** ..... **Signature:** .....

Please return completed form and registration fee to the:

**Secretary General or Financial Secretary**, Party Headquarters or Your nearest branch:

**15 Wallace Johnson Street, Freetown. Sierra Leone.**

**Tel: + 232 (0) 22 56 341, + 232 (0) 76 603 138, + 232 (0) 76 610 641, + 232 (0) 76 603 326**

Website: [www.slpp.ws](http://www.slpp.ws) Email: [info@slpp.ws](mailto:info@slpp.ws)

