



ALLIED PEOPLES' MOVEMENT

INTEGRITY, SACRIFICE AND SERVICE

AFFIX PASSPORT
SIZE PHOTOGRAPH
HERE

MEMBERSHIP REGISTRATION FORM

PERSONAL INFORMATION:

Surname: _____ Middle Name: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____

State of Origin: _____ State of Birth: _____

Email Address: _____ Phone Number: _____

L.G.A of Origin: _____ L.G.A of Birth: _____

Senatorial District of Origin: _____

Federal Constituency: _____

State Constituency: _____

Voters registration Card No.: _____

Next of Kin: _____ Relationship: _____

Contact Address: _____

STATE OF RESIDENCE:

L.G.A. of Residence: _____

Ward Residence: _____

Senatorial District of Origin: _____

Federal Constituency: _____

State Constituency: _____

ATTESTATION:

I _____ hereby attest that the information provided is to the best of my knowledge, and I am not a member of any political party, and accept to be liable for any false declaration.

Signature

Date