



LABOUR PARTY (LP)

Motto: Equal Opportunity and Social Justice

MEMBERSHIP FORM

NAME: _____

AGE: (ABOVE 18 YEARS OLD) _____

PROFESSION: _____

STATE OF ORIGIN: _____

L.G.A. _____

RESIDENTIAL ADDRESS: _____

MEMBERSHIP OF AN EXISTING PARTY? YES() NO()

MEMBERSHIP OF ANY OTHER ORGANIZATION?

(Tick which is applicable)

- () PROFESSIONAL
- () TRADE UNION
- () HUMA RIGHTS GROUP
- () ANY OTHER

NAME OF THE ORGANIZATION: _____

I accept the Manifesto, Constitution and Programme of the Party
and I subscribe to the ideology and ideals of Social Democracy

Signature

Date