

REGISTRATION FORM

NAME:.....
ID. NO. :.....
CONSTITUENCY:.....
WARD:.....
COUNTY:
TELEPHONE:.....

SEAT VYING FOR:

- GOVERNOR
- SENATOR
- MP
- WOMEN REP.
- MCA

The Registrar of Political Parties
Lion Place, 1st Floor
Off Waiyaki Way

P. O. Box 1131-00606,
Sarit Centre, Westlands
NAIROBI

Dear Madam,

RE: REGISTRATION AS A MEMBER OF MAENDELEO CHAP CHAP PARTY

In exercise of my constitutional and legal right to belong to a political party of my choice and guided by the law under the Political Parties Act and having read clearly the Constitution and ideologies of Maendeleo Chap Chap Party, I have decided to resign from any other political party that I may have been a member and willingly accept to join and be a member and friend of Maendeleo Chap Chap Party.

Yours sincerely,

Signature **Date.....**

**CC: Secretary General
Maendeleo Chap Chap Party**