

## **APPLICATION FORM**

I	being fully prepared to profess and
	ty Constitution, aims, objectives and values, hereby apply for GDDP
ID/PP No	
Date of Birth	
Religion	
Gender Male	Female
Special Interest (	Group (Indicate Category)
Disability	1222
Minorities	1223
County	Ward
Polling Station	
Telephone Numb	per
Membership No.	
I confirm that I ha other Political Pa	ave voluntarily joined GDDP Party and renounced membership of any rty.
Signature	
Date	
Party Official (Re	cruiting)
Name	Signature
Date	Tel No