UDA
UNITED DEMOCRATIC ALLIANCE

MEMBERSHIP APPLICATION FORM

Applicant information and party placement

FORM REFERENCE _____ DATE RECEIVED _____ OFFICE STAMP

A PERSONAL DETAILS

TITLE _____ SEX ☐ Male ☐ Female ☐ Other

SURNAME _____ FIRST NAMES _____

NATIONAL ID / PASSPORT NO. _____ DATE OF BIRTH _____

NATIONALITY _____ MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

VILLAGE / TOWNSHIP / SUBURB _____ CITY / TOWN _____

OCCUPATION / BUSINESS _____ BUSINESS ADDRESS _____

B CONTACT DETAILS

PRIMARY MOBILE _____ ALTERNATIVE / HOME _____

EMAIL ADDRESS _____ WHATSAPP NUMBER _____

C ELECTORAL AND PARTY PLACEMENT

PROVINCE _____ DISTRICT _____

CONSTITUENCY _____ WARD NUMBER & NAME _____

POLLING STATION _____ BASE AREA NAME / LOCATION _____

BASE AREA CODE (IF ANY) _____ WING ☐ Main ☐ Women ☐ Youth

REGISTERED VOTER ☐ Yes ☐ No VOTER ROLL ADDRESS SAME AS ABOVE ☐ Yes ☐ No

IF NO, VOTER ROLL ADDRESS _____

UDA
UNITED DEMOCRATIC ALLIANCE

MEMBERSHIP APPLICATION FORM

Next of kin, declaration and official use

D NEXT OF KIN / EMERGENCY CONTACT

FULL NAME _____ RELATIONSHIP _____

NATIONAL ID NO. _____ MOBILE NUMBER _____

RESIDENTIAL ADDRESS _____

E APPLICANT DECLARATION

I HEREBY VOLUNTARILY APPLY FOR MEMBERSHIP OF THE UNITED DEMOCRATIC ALLIANCE (UDA) AND DECLARE THAT:

1. I am not, or am no longer, a member of another political party and will not join another political party while I remain a UDA member.
2. I will abide by the UDA constitution, policies, regulations and code of conduct.
3. I am, or shall be, enrolled on the Zimbabwe Electoral Commission voters' roll at the residential or voter-roll address stated in this form.
4. The information supplied in this application is true and correct, and I understand that making a false declaration is an offence.

APPLICANT FULL NAME _____ DATE _____

APPLICANT SIGNATURE / MARK _____ WITNESS NAME _____

WITNESS SIGNATURE _____ WITNESS CONTACT _____

F FOR OFFICIAL USE ONLY

MEMBERSHIP ID NUMBER _____ ASSIGNED DATE _____

RECEIVED BY _____ POSITION _____

DOCUMENTS / DETAILS VERIFIED ☐ ID ☐ Voter details ☐ Address

WARD COORDINATOR _____ CONSTITUENCY ORGANIZER _____

APPLICATION STATUS ☐ Approved ☐ Pending ☐ Declined

OFFICIAL SIGNATURE _____ DECISION DATE _____