

**DOMINICA FREEDOM PARTY**  
**MEMBERSHIP REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

I accept and agreed to abide by the constitution, rules and regulation of the Dominica Freedom Party and hereby cooperate and work for the development of the same.

I further agreed to pay an entrance fee and annual membership subscription as determined by the Party Executive and approved by the party council or the delegates convention.

Sign by: .....

Applicant

The applicant for membership in the party to be recommended by a member of the party in good standing

Name ..... and signature ..... of recommender

Official use only:

The DFP has accepted and approved the above applicant to be a member of the party

Date of approval: \_\_\_\_\_

Sign by \_\_\_\_\_

GENERAL SECRETARY