



Membership Application Form

Please write clearly. Questions marked * are required.

To join the party, please fill in this form completely. All the information you give must be true and will be checked by the party's oversight commission.

PERSONAL DETAILS

Full name *

Nickname or alias (if any)

Father's name *

Mother's name *

Email *

Phone number *

Date of birth * DD / MM / YYYY

Address

Education and skills

ACTIVITY AND BACKGROUND

Have you worked or been active in the national movement? If so, please describe briefly. *

Have you taken part in any protests (actions) or other events? If so, when and where? *



Have you or a close relative been detained because of national activity? If so, when, for how long and with what sentence? *

Have you previously been a member of another party or organisation? *

☐ Yes ☐ No

Why did you choose this party?

If you have taken part in any organisations or groups, please tell us about it.

DECLARATIONS

I have read the party's charter and bylaws *

To join the party you must read and approve its charter and bylaws. Charter · Bylaws: azcp.org/en/documents

☐ I confirm

☐ I agree that my details are kept to review my membership application.

Signature *

Date

I confirm that all the information above is true and complete

Membership is confidential in the territories of South Azerbaijan, and members' identity details are strongly protected.

How to submit this form: Hand the completed form to a party representative, or send a scan or photo to iletisim@azcp.org. Online application: azcp.org/en/join

FOR PARTY USE ONLY

Application no.

Date received

Received by

Signature

Decision: ☐ Accepted ☐ Declined