

THE EMPOWERMENT NETWORK GROUP MEMBER REGISTRATION DETAILS



Details Submission Date: _____

Official Member Details.

Official Name		Date of Birth:	
Gender (Tick) Male ☐	Female ☐	Marital status Married ☐	Single ☐
Home county:		Home subcounty:	
Ward :		Home village:	
Phone 1:		Phone 2:	
Current residence area			

Defendant details. (Please Tick in case you have the following as defendants.)

Spouse ☐	Child/children ☐	Parent(s) ☐
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Spouse Details:

Name: _____ Phone: _____
 ID Number: _____ Current Residence: _____

Child/children details: Year of Birth Year of Birth

	Child Name	YoB		Child Name	YoB
1			6		
2			7		
3			8		
4			9		
5			10		

Guardian/Parent(s) details (Please, Enter nil / Deceased if parent dos not exist)

Father Name: _____	Mother Name: _____
Phone: _____	Phone: _____
ID Number: _____	ID Number: _____
Parent location:	Parent location:
County _____ Subcounty: _____	County _____ Subcounty: _____
Ward: _____ Village: _____	Ward: _____ Village: _____

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Declaration.

I, _____ hereby confirms that I have correctly provided filled the details required under member, spouse, children and parents section above as required by The Empowerment Network Group Busia. Providing false information will lead to my disqualification and further legal actions.

Date: _____

Sign _____

Official Certification and Approval by the Office.

(Please do not fill anything, this part is only used by the group officials)

The Empowerment Network Group – Busia County hereby **approves / rejects** the membership application of _____ to become an official member of **The Empowerment Network Group – Busia County**.

Reason for approval/rejection:

Upon approval, the applicant is hereby recognized as an **official member of The Empowerment Network Group – Busia County**, subject to compliance with the Group’s constitution, rules, regulations, and membership obligations.

Date: _____

Official Stamp: