

## SOLIDARITY ALLIANCE MEMBERSHIP

**Name:** Last  First  Middle

**Gender:** Male  Female

**Date Of Birth:** mm  dd  yyyy

**Mailing Address:**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_  
Country/Region \_\_\_\_\_

**Telephone Number:**

**E-mail Address:**

### For office use:

**Old Book: Membership Details:**

Registration Number: \_\_\_\_\_  
Date of Joining: \_\_\_\_\_  
Contribution per Year: \_\_\_\_\_  
Currency \_\_\_\_\_

**Blue Book Number** \_\_\_\_\_

**New Book:**

Book Number \_\_\_\_\_/Membership Registration Number \_\_\_\_\_

Contact Office \_\_\_\_\_/Issued on \_\_\_\_\_

**Note: Please attached (2)3cmx2.5cm passport size photo**