



Photo

## REGISTRATION FORM

(Fields marked with "\*" are required)

Date:

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Chairman/ Co-Chairman

Dear Sir,

I/We are applying to register with ISCY. My/our detailed information are given below (please use ALL CAP):

Applicant's Name\*

Payment Type\*

Membership type\*

Standard (\$15)  Reduced (\$8)  ISCY Ambassador  Committee Member  ISCY Support Member (donor only)

## Personal Information

Father's Name

Mother's Name

Gender\*  Male  Female

Date of Birth\*

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Place of Birth\*

Religion

Residence Status\*

Resident

Non-Resident

Nationality\*

Marital Status

No. of Children

Why do you want  
to join ISCY?\*

Do you have a criminal record?\*  Yes  No

Personal identification (National ID, Passport, Driver's license)

Present Address (Residence)\*

City

State

Zip Code

Country

Phone (1)

Phone (2)

Fax

Email Address\*

Is your Email address connected to paypal?\*  Yes  No

### DECLARATION:

I solemnly declare that I will abide by the aims and objectives of the International Solidarity Committee with Yemen as set out in the Rules of Procedure and other duly adopted policy positions, that I am joining the organisation voluntarily and without motives of material advantage or personal gain, that I agree to respect the Rules of Procedure and the structures and to work as a loyal member of the organisation, that I will place my energies and skills at the disposal of the organisation and carry out tasks given to me, that I will work towards making the ISCY an even more effective voice of support for the Yemeni people, and that I will defend the unity and integrity of the organisation and its principles, and combat any tendency towards disruption and factionalism.

APPLICANT SIGNATURE\*:

\*PLEASE SCAN & RETURN TO ISCY  
UPON COMPLETION: [info@iscyemen.org](mailto:info@iscyemen.org)