



# គណបក្ស សម រង្ស៊ី សហរដ្ឋអាមេរិក-កាណាដា

SAM RAINSY PARTY - UNITED STATES OF AMERICA/CANADA

សិល្បៈ សម្តែង យុត្តិធម៌

Sam Rainsy Party - I.D. Card Processing, 2625 Neubourg Court, Stockton, CA 95210-3210

## MEMBERSHIP & ID CARD APPLICATION

<b>NAME</b>	First:	Middle:	Last:
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Full name in Khmer writing: \_\_\_\_\_

Membership ID No. <i>(Do not write)</i>	Sex: <i>(Check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <i>(mm/dd/yyyy)</i> ...../...../.....
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<b>ADDRESS</b>	Street:	Apt. No.
	City:	State or Province:
		Zip Code:

Telephone:	Email:
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<b>SRP STATUS</b>	<input type="checkbox"/> New <input type="checkbox"/> Current <input type="checkbox"/> Returning <small><i>(Check one)</i></small>	<i>I am a member of SRP since: (Write date below)</i> <b>DAY:                      MONTH:                      YEAR:</b> <small>ID card will not be processed without the date (skip DAY if you don't know)</small>
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**PLACE of BIRTH** *(Write the place where you was born in Cambodia: Commune, District, Province)*

\_\_\_\_\_

**EDUCATION** *(Please list)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS** *(Please list)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(if you need additional space, write on back of this form)*

Applicant signature   Date: _____	<b>IMPORTANT</b> Your new ID card is good for two (2) years from the date of issue. You MUST renewal on or before the expiration date by sending new photo and US\$10.00 to SRP ID Card Processing 2625 Neubourg Court Stockton, CA 95210-3219
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**Instruction:** After completion of this form, have it approved and signed by your local SRP authorized member, please include a recent color photo (US Passport format) and a fee for US\$10 (check or cash) to Sam Rainsy Party (SRP), ID Card Processing - 2625 Neubourg Court, Stockton, CA 95210-3219. For more information, call us at (508) 695-6576 or Email: idcard@srpusa.org or info@srpusa.org

### Official Uses Only!

<b>I.D. Card Processing Uses Only!</b>  Date of Issue: _____  Date of Expiration: _____	<table style="width:100%;"> <tr> <td style="width: 50%;"><u>Application:</u></td> <td style="width: 50%;"> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied         </td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>(Signed and Sealed by Authorized Member)</i></td> </tr> <tr> <td>Name and Title:</td> <td>_____</td> </tr> </table>	<u>Application:</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>(Signed and Sealed by Authorized Member)</i>		Name and Title:	_____
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Name and Title:	_____						