



ORANGE DEMOCRATIC MOVEMENT

APPLICATION FOR CONSIDERATION FOR PARTY LIST NOMINATION

APPLICATION FOR (Senate/National Assembly/County Assembly)

Category for which you are applying (Women (Senate only)/ Gender top-up/ youth/Disability/Marginalised etc.)

1. FULL NAME OF APPLICANT			
2. NATIONAL ID/PASSPORT NO.			
3. ODM LIFE MEMBERSHIP NO.			
4. GENDER		5. DATE OF BIRTH	
COUNTY <i>(Where registered as a voter)</i>			
6. CONSTITUENCY		7. WARD	
8. OCCUPATION			
9. ADDRESS		10. TELEPHONE	
E-MAIL:			
11. CATEGORY OF SPECIAL INTEREST <i>(Youth, person with disability, worker etc., where applicable)</i>			
12. IF SPECIAL INTEREST IS PERSON WITH DISABILITY, STATE CATEGORY			



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13. DO YOU CONSIDER YOURSELF MARGINALISED? STATE WHY			
14. ARE YOU PARTY OFFICIAL?		15. DID YOU CONTEST ANY ELECTIVE POSITION DURING 2017 PARTY PRIMARIES?	
16. HAVE YOU BENEFITTED FROM PARTY LIST BEFORE?		17. IF YES, FOR WHAT POSITION?	
18. STATE THREE REASONS WHY YOU FEEL YOU SHOULD BE NOMINATED FOR PARTY LIST	I.		
	II.		
	III.		
19. WHAT SPECIAL/UNIQUE CONTRIBUTION DO YOU THINK YOU WILL MAKE IN THE ASSEMBLY YOU ARE APPLYING FOR?			
SIGNATURE			
DATE			