

Conam Membership Registration Form *(for individuals)*

Personal Information

- Full Name: _____
- Preferred Name (optional): _____
- Date of Birth: ____ / ____ / ____
- Gender Identity: _____
- Sexual Orientation: _____
- Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- Nationality: _____
- Country of Residence: _____

Contact Information

- Phone Number (with country code): _____
- Email Address: _____
- WhatsApp Number (if different): _____

Affiliation (if any)

- Are you affiliated with any LGBTQI organization? ☐ Yes ☐ No
- If yes, Organization Name: _____
- Your Role/Position (if any): _____

Areas of Interest (select all that apply)

- ☐ LGBTQI Advocacy & Human Rights
- ☐ Sexual Health & HIV/AIDS Awareness
- ☐ Mental Health Support
- ☐ Event Participation & Networking
- ☐ Fundraising or Resource Mobilization
- ☐ Gender Justice & Legal Empowerment
- ☐ Storytelling, Media & Content Creation
- ☐ Research & Policy Work

Language Proficiency

- Languages you speak/write fluently: _____

Consent & Declaration

- ☐ I confirm that I am an LGBTQI-identifying individual/Wellwisher/HRD/Activist
- ☐ I understand that my membership is for individual participation, not organizational representation.
- ☐ I give Conam permission to contact me with updates, opportunities, and membership-related communication.

Signature: _____

Date: ____ / ____ / ____

Submit completed form & passport photo to:

membership@conamcharitablefoundation.org