

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