



INTERNATIONAL DOMINICAN YOUTH MOVEMENT, AFRICA



(IDYM, AFRICA)

DELEGATE FORM FOR THE AFRICAN CONGRESS; Yaoundé 2017

COUNTRY:

NAME OF PROVINCE/ VICARIATE:

NAME OF DOMINICAN YOUTH MOVEMENT:

GROUPS IN YOUR COUNTRY:

S/N	NAME OF GROUP	LOCALITY

Delegates to the Representative Assembly:

First Delegate:

Surname:

Name:

Passport Number:

E-mail Address:

Date of Birth:

Second Delegate:

Surname:

Name:

Passport Number:

E-mail Address:

Date of Birth:

All Correspondence to: The African Scribe/ Promoter for Communication of IDYM, Africa.

E-mail: idymafrica@gmail.com; Phone Number: +237511855424; +2348188471369

Third Delegate:

Surname:

Name:

Passport Number:

E-mail Address:

Date of Birth:

Fourth Delegate:

Surname:

Name:

Passport Number:

E-mail Address:

Date of Birth: