



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

YOUTH CONGRESS

NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
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youthcongress@cnmileg.net



APPLICATION for REGISTRATION

Driver's License/School ID# _____
(Please Identify)

LEGAL NAME: _____
Last Name First Name Middle

DATE OF BIRTH: _____ GENDER: _____ AGE: _____

BIRTHPLACE: _____ NATIONALITY/CITIZENSHIP: _____

I am currently residing in: _____ How Long?: _____
(Village/Island) (Years & Months)

Mailing Address: _____

E-Mail Address: _____ @ _____ . _____

Telephone: Home: _____ Mobile: _____ Work: _____

I am currently enrolled at: _____
(Name of School) (Grade Level)

***ONLY IF APPLICABLE**

I am currently employed at: _____
(Name of Business/Employer) (Occupation)

AFFIRMATION

I hereby affirm that I am a youth of the Commonwealth of the Northern Mariana Islands, who has attained the age of fourteen (14) to seventeen (17) years old prior to the expiration of the term for which I seek to qualify as a voter or as a member, and I am enrolled in the school of which I seek to vote or run to represent.

I further affirm that I have not been convicted of a felony or crime involving moral turpitude and solemnly affirm that the foregoing statements are true to the best of my knowledge.

Name of Applicant _____
Date

SUBSCRIBED BEFORE ME THIS _____ DAY of _____, 20_____

PRINT/SIGN
School Principal/Youth Congress Official