GOPAC Membership Application Form

Prefix: Hon. Sen. Ms. Mr. Dr. Other:

Last Name:
First Name: Middle Name:
Present Position: Parliament/Group:
Email 1: Email 2:
Phone 1: Phone 2:
Skype Username:
Mailing Address:
Street:

State: Zip / Postal Code: Country:
Preferred language of correspondence: English French Spanish Arabic
Other Languages:
Gender: Male Female
Current Legislator Former Legislator Neither – Requesting Observer Status

Political Party Affiliation:
Areas of Expertise:
Areas of Interest:

Your signature below indicates your desire to become a member of GOPAC, your consent that your name will be listed on GOPAC’s website as a member as well as your acceptance of GOPAC’s code of conduct.

Code of Conduct:
1. All members shall behave and conduct their affairs in a manner consistent with the values that GOPAC promotes and defends, as well as strive to uphold the integrity of those values.
2. A member must avoid actual and perceived conflicts of interest.
3. A member must report to the organization all actual and perceived conflicts of interest as soon as the member becomes aware of any circumstances that give rise to an actual or perceived conflict of interest.
4. The evaluation of a breach of the values of the organization will be made by the Board of Directors who shall have full authority to decide on the appropriate sanction that may be imposed in any given case.

(There is no membership fee to join GOPAC. Your membership remains current if you participate (by email or in person) in a GOPAC AGM at least every four years or pay a membership fee as set by the Board.)

Signature Date

You may submit the form by email and/or mail to

gopac@dpr.go.id
gopacnetwork@gmail.com

GOPAC Global Secretariat,
The House of Representatives of the Republic of Indonesia
Jakarta, RI

Disclaimer: The information provided on this form will be used by GOPAC only. GOPAC will not share your contact information with a third party without your consent.