

## SomaliREN IDENTITY FEDERATION (SIF) MEMBERSHIP APPLICATION FORM

### Introduction

This form should be completed by any institution applying for membership to the SomaliREN Identity Federation (SIF) and returned to the SomaliREN Secretariat be scanned and emailed to [ceo@somaliren.org](mailto:ceo@somaliren.org), [cto@somaliren.org](mailto:cto@somaliren.org) and [services@somaliren.org](mailto:services@somaliren.org)

When filling this form, please **use upper case letters** to minimize transcription errors. The information you provide on this form will be held and processed at the SomaliREN Secretariat to implement and support your organization’s service through SomaliREN Identity Federation.

### SECTION I (a): The Institution

**Name of institution:**

**Address:**

**Membership Category:**

- Identity Provider (IdP)     
  Service Provider (SP)     
  IdP and SP

### SECTION I (b): The Institution Administrative Contact

**Name:** .....

**Phone Numbers: (i)** ..... **(ii)** .....

**Email addresses: (i)** ..... **(ii)** .....

### SECTION I (c): The Institution Technical Contact

**Name:** .....

**Phone Numbers: (i)** ..... **(ii)** .....

**Email addresses: (i)** ..... **(ii)** .....

### SECTION II: Commitment Declaration

I the undersigned, confirm that:

- a. My institution will comply with the SomaliREN Identity Federation (SIF) Policy, which may be reviewed from time to time.
- b. The information given on this form is true, to the best of my knowledge and belief.

Signature:	
Name:	
Position in Institution:	
Date:	