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, cto@somaliren.org and 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: 