

## MEMBERSHIP APPLICATION FORM.

| PLEASE WRITE IN THE WHITE   | E SPACES ONLY       |                          |                           |                           |  |  |  |  |
|---|---------------------|--------------------------|---------------------------|---------------------------|--|--|--|--|
| NAME OF THE ORGANIZATION  |                     |                          | ACRONYM                   |                           |  |  |  |  |
| NGO CERTIFICATE OF REGISTRATION NUMBER  |                     |                          | DATE OF REGIS             | TRATION                   |  |  |  |  |
| NGO PERMIT NUMBER AND DATE OF ISSUANCE  |                     |                          | PERIOD OF VAL             | IDITY                     |  |  |  |  |
| CLASSIFICATION OF NGO<br>(TICK CORRECT BOX)<br>PLEASE REFER TO THE                                  | INDIGENOUS          | REGIONAL                 |                           | CONTINENTAL               |  |  |  |  |
| NGO ACT 2016/<br>CERTIFICATE OF   | FOREIGN             | INTERNATIONAL            |                           | FAITH BASED ORGANISATIONS |  |  |  |  |
| UNNGOF CONSTITUENCY (TICK THE APPROPRIATE)  | DISTRICT NGO        | DISTRICT NETWOR          | K                         | NATIONAL NGO              |  |  |  |  |
|   | NATIONAL<br>NETWORK | FAITH BASED ORGANIZATION |                           | INTERNATIONAL<br>NGO      |  |  |  |  |
| NAME OF CONTACT PERSON  |                     |                          | POSITION                  |                           |  |  |  |  |
| PHYSICAL ADDRESS OF ORGANISATION  |                     |                          | TELEPHONE NU<br>PERSONAL) | MBER (OFFICIAL &          |  |  |  |  |
| EMAIL ADDRESS   |                     |                          | WEBSITE                   |                           |  |  |  |  |
| DISTRICTS OF OPERATION (PLEASE LIST ALL THE DISTRICTS THE ORGANIZATION IS REGISTERED TO OPERATE IN) |                     |                          |                           |                           |  |  |  |  |
| THEMATIC AREAS OF FOCUS (PLEASE TICK AS APPROPRIATE)  |                     |                          |                           |                           |  |  |  |  |
| AGRICULTURE   |                     | HUMAN RIGHTS             |                           | LIVELIHOODS               |  |  |  |  |
| CHILDREN  |                     | GOVERNANCE               |                           | YOUTHS                    |  |  |  |  |

| PERSONS WITH DISABILITIES  | ENVIRONMENT RESOURCES      |                                    | /NATURAL                |  | RESEARCH                 |      |  |  |
|--|----------------------------|------------------------------------|-------------------------|--|--------------------------|------|--|--|
| EDUCATION  |                            | ADVOCACY                           |                         |  | WATER AND SANITATION     |      |  |  |
| OLDER PERSONS  |                            | HIV/AIDS                           |                         |  | HUMANITARIAN<br>RESPONSE |      |  |  |
| HEALTH   |                            | PEACE BUILDING/CONFLICT RESOLUTION |                         |  | PSYCHO-SOCIAL<br>SUPPORT |      |  |  |
| VOCATIONAL TRAINING  |                            | GENDER                             |                         |  | LEGAL AID                |      |  |  |
| MICROFINANCE   |                            | ART & CULTURE                      |                         |  | SOCIAL ENTERPRISE        |      |  |  |
| DESCRIPTION  (PLEASE GIVE A BRIEF DESCRIPTION OF YOUR ORGANIZATION IN NOT MORE THAN 300 WORDS)     |                            |                                    |                         |  |                          |      |  |  |
| QUAM STATUS OF THE ORGANIZATION (IS YOUR ORGANISATION QUAM CERTIFIED? IF YES, TICK THE APPROPRIATE | PROVISIONAL<br>CERTIFICATE |                                    | STANDARD<br>CERTIFICATE |  | ADVANCED<br>CERTIFICATE  |      |  |  |
| SUBMISSION BY  | NAME:                      |                                    | POSITION:               |  | DATE:                    | ·    |  |  |
| APPROVAL SECTION   | APPROVED                   |                                    | NOT APPROVED            |  | SPECIFY                  |      |  |  |
| (TO BE FILLED IN BY UNNGOF ONLY  |                            |                                    |                         |  |                          |      |  |  |
| UNINGOI ONLI   | APPROVED BY                |                                    |                         |  |                          |      |  |  |
|  | NAME                       |                                    | SIGNATURE               |  | DATE                     | DATE |  |  |
|  |                            |                                    |                         |  |                          |      |  |  |