**MEMBERSHIP APPLICATION FORM**

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| --- | --- |
| 1. Name and, if any acronym of organisation:
 |  |
| 1. Date Founded:
 |  |
| 1. Registration Number:
 |  |
| 1. Postal Address:
 |  |
| 1. Telephone Number:
 |  | Fax Number: |
| 1. E-mail Address:
 |  |
| 1. Web Page:
 |  |
| 1. Principal Aim of Organisation:
 |  |
| 1. Summary of major activities undertaken in the past year
 |  |
| 1. Mission Statement:
 |
| 1. Objectives:
 |
| 1. Names of the members of the Board/Executive Committee (it is very important that all Board/Executive Committee members are identified here)
 |
| **Position** | **Name** | **Phone No** | **Email Address** |
| Chairperson |  |  |  |
| Vice-Chairperson |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **DATE ELECTED:** | **MANDATE PERIOD:** |

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| --- | --- |
| 1. Name of Focal Point/ Contact Person:
 |  |
| 1. Number of Members (attach list of members)
 |  |
| 1. Affiliation to any organisations
 |  |
| 1. Date of last AGM (attach minutes of meeting)
 |  |
| 1. Date of Last Accounts Audit (attach documents if possible)
 |  |
| 1. **Main Sector of Intervention** *(Please label 1,2,3 in order of priority)*
 |
| Environmental & Natural Resources  |  |  | Gender |  |
| Youth, Arts, Culture &Sports  |  |  | General Charitable Purposes |  |
| Democracy&Good Governance |  |  | Health |  |
| Socio-Economic Development |  |  | Human Rights  |  |
| Education/ Training/ Research |  |  | Professional  |  |
| Agriculture & Fisheries |  |  | Social Welfare  |  |
| Faith-Based  |  |  | Others( Please specify) |  |

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| --- |
| 1. **Who are your Target Groups?** *(Please label 1,2,3 in order of priority)*
 |
| Youth | Destitute / Vulnerable | Elderly People | People with disability |
| Women | Professionals | Unemployed People | General population |
| Others |  |

1. Does the organisation have a secretariat? If Yes, give full address: ………………………………………………………….……………

…….…………………………………………………………………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
|  | **Total Number**  | **Part-Time or Full Time** |
| **Volunteers** |  |  |
| **Paid Staff** |  |  |

1. Please state, how the organisation is run/managed:

|  |  |  |
| --- | --- | --- |
| Fundraising (Specify) | Government Subsidy  | International |

1. Source of Income:
2. Projected Annual Budget ………………………………………………….
3. Apllying For Membership for the period 20\_\_\_\_\_ to 20\_\_\_\_\_.

**CEPS Code of Ethics & Conduct**

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| Our Committee & Members have read the CEPS Code of Ethics & Conduct and we hereby agree to accept the terms and conditions. |

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| **SUPPORTING DOCUMENTS**For your application to be considered, please attach **ALL**of following supporting documents:1. Formal written application of membership
2. A Copy of Certificate of Registration
3. Copy of Constitution
4. List of Members (Full Name and contact details)
5. Calendar of activities
6. Minutes of Last AGM

Fee: 1. Payment of Rs300 membership fee
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Signature of Chairman/Secretary Date

* **Please send an electronic copy to:projects.support@ceps.sc**
* **A physical copy of this form should accompany the supporting documents.**