**CEPS MEMBERSHIP RENEWAL 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:
 |  |
| 1. E-mail Address:
 |  |
| 1. Web Page:
 |  |
| 1. Principal Aim of Organisation:
 |  |
| 1. Names of the members of the Board/Executive Committee:
 |
| 1. Mission Statement:
 |
| 1. Objectives:
 |
| **Position** | **Name** | **Phone No** | **Email Address** |
| Chairperson |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
| Member |  |  |  |
| Member |  |  |  |
| **DATE ELECTED:**  | **MANDATE PERIOD:**  |

|  |  |
| --- | --- |
| 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 Rights & Good Governance |  |
| Youth, Arts, Culture & Sports  |  |  | General Charitable Purposes |  |
| Socio-Economic Development |  |  | Human  |  |
| Education/ Training/ Research |  |  | Professional  |  |
| Agriculture & Fisheries |  |  | Social Health and Education |  |
| Faith-Based  |  |  | Others:  |  |

|  |
| --- |
| 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: People interested in plants and plant conservation  |  |

1. Does the organisation have a secretariat? If Yes, give full address: ………No

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

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

|  |  |  |
| --- | --- | --- |
| Fundraising (Specify)Membership feesLocal projects / consultanciesSale of PCA books | Government Subsidy  | InternationalEnvironmental Project funders |

1. Source of Income:

23. Applying For Membership for the period

|  |
| --- |
| **SUPPORTING DOCUMENTS**For your application to be considered, please attach **ALL** of following supporting documents:1. Certified copy of Constitution (if it has been amended after NGO became accredited to CEPS)
2. List of Members (Name, Surname, Email, Phone Contact )
3. Minutes of last AGM
4. Copy of Audited accounts (certified by the auditor)
5. Letter of acknowledgement from Registrar of Association.
6. Calendar of activities
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Signature of Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICIAL USE: Approved / Not Approved :**

Remarks….….….….….….….….….….….….….….….….….….….….….….….….….….….….….….….….…..….….….….….….….….….….….….….….. ………………………………………………………………………….…………………………………………….….….….….….….……………………………………..

Date:……………………………. Authorised by: :………………………………………………………….

* **Please send an electronic copy to:** projects.support@ceps.sc