**MEMBERSHIP APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| **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 |  |
| 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) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

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

|  |
| --- |
| **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 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.**