**CEPS MEMBERSHIP RENEWAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 fees  Local projects / consultancies  Sale of PCA books | Government Subsidy | International  Environmental 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 |

Signature of Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

* **Please send an electronic copy to:** projects.[support@ceps.sc](mailto:support@ceps.sc)