



FODPZ MEMBERSHIP APPLICATION FORM

Particulars of the Organisation

Name: _____

Physical Address: _____

Email: _____

Telephone No. _____

Skype/Twitter/Facebook: _____

Website: _____

Key Contact Persons 1

First Name _____

Last Name _____

Cellphone No. _____ Designation _____

Email _____

Key Contact Person 2

First Name _____

Last Name _____

Cellphone No. _____ Designation _____

Email _____

Type of Organization

Trust	<input type="checkbox"/>	OPD	<input type="checkbox"/>	DSO	<input type="checkbox"/>
Parents of Children with Disabilities			<input type="checkbox"/>	PVO	<input type="checkbox"/>
Other (please specify)			<input type="text"/>		



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Year in which your organisation was established

00/00/0000

(a) Date of Registration

(b) Registration No.

(c) Registered with

1.

2.

3.

4.

(c) Copies of

:

1. Registration Certificate

2. Constitution

Objectives of the Organization

1. _____
2. _____
3. _____

Names of the Executive Board

Position	Name	Occupation	Contact Details and Email
1. Chairperson	_____	_____	_____
2. Vice- Chairperson	_____	_____	_____
3. Treasurer	_____	_____	_____
4. Secretary	_____	_____	_____



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Organisational Vision

Organisational Mission

Geographical Coverage (Provinces, Districts)

1. _____

2. _____

3. _____

Thematic Areas/Areas of Focus

1. Humanitarian	<input type="checkbox"/>	9. HIV	<input type="checkbox"/>
2. Youth	<input type="checkbox"/>	10. Disability	<input type="checkbox"/>
3. Entrepreneur Development and Training	<input type="checkbox"/>	11. Children and Protection of Child Rights	<input type="checkbox"/>
4. Training & Education	<input type="checkbox"/>	12. Women & Development	<input type="checkbox"/>
5. Health & Sanitation	<input type="checkbox"/>	13. Disaster	<input type="checkbox"/>
6. Rehabilitation & Reconstruction	<input type="checkbox"/>	14. Relief Work	<input type="checkbox"/>
7. Reproductive Health	<input type="checkbox"/>	15. Advocacy	<input type="checkbox"/>
8. Human Rights	<input type="checkbox"/>	16. Any Other	<input type="checkbox"/>



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What services do you provide

Who are your target groups

List the project (s) you are involved in

Do you have other organizations affiliated to you?

Do you belong to any local, national, regional or international networks?

Yes	No
-----	----

If yes, please list networks

Does your organization have other branches?

Yes	No
-----	----

If yes, please state the branches



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Please state your reasons, why you want to be a Member of FODPZ

Declaration

I hereby declare that the above particulars furnished by me are true and correct

Signature of Applicant

Name: _____

Designation: _____

Date: _____



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Following documents should be submitted along with the Application form for Registration

01. Completed Application form
02. Copy of constitution or deed of trust
03. Copy of Registration Certificate
04. Two letters from relevant local authorities of the districts, you have coverage or which you implement your projects in.
05. Annual report (Progress Report)
06. Audited Financial Reports/ Statements
07. CV's of Board members(Secretary; Treasurer Chairperson)
08. Proof of Residence

For Administration Purposes Only

Is the organization applying to become a member of FODPZ suitable or qualifying: Yes/No

Comments:

Decision:

Administrator Details:

Full Name: _____

Designation: _____

Signature: _____ Date: _____