PLATFORM MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

Organization Full Name:	
Postal Address:	
Region:	**District:**
Village:	**Ward:**
Telephone:	**Fax: -**
E-mail:	**Website:**
Other contact/media details (Instagram, Twitter etc.):	

Primary Contact Person	
Full Name:	
Title/Position:	
Postal Address (if different from the organization): -	
Telephone:	**Mobile:**
E-mail:	**Fax: -**
Other contact details (Instagram, Twitter, Facebook, etc.):	

Secondary Contact Person	
Name:	
Title/Position:	
Postal Address (if different from organization): -	
Telephone:	**Mobile:**
E-mail:	**Fax:**
Other contact details (Instagram, twitter, Facebook, etc.):	

Organization Priority/Thematic Areas
1.
2.
3.
4.
5.

Governing Structure:

Short Description About Your Work:	
Vision:	
Mission:	
Purpose:	
Target Beneficiaries:	

Authorized Signature	
Name:	
Title/Position:	
Signature: **Date**:	**Official Stamp**