

**COUNCIL FOR ECONOMIC EMPOWERMENT FOR WOMEN OF AFRICA
(CEEWA) UGANDA CHAPTER**

MEMBERSHIP APPLICATION

1. Name(s).....
2. Date of Application.....

3. ADDRESS;
Physical Location.....
P. O. Box.....
Telephone.....
Fax No.
E-Mail Address.....

4. Type of Membership Applied for (tick where appropriate)
(i) ASSOCIATE MEMBERSHIP
(ii) AFFILIATED MEMBERSHIP
(iii) HONORARY MEMBERSHIP

5. Background of Organisation.....
.....
.....
.....

6. Activities Engaged in¹
.....
.....
.....

1. Membership to CEEWA-Uganda is by invitation and application and is subject to approval by the Executive Committee on behalf to the General Assembly.
2. A membership fee 100,000/= is to be paid after approval of applications forms plus an annual subscription fee of 50,000/= payable on the 1st day of January of @ year.

7. Vision

.....

Mission

.....

.....

Objectives

.....

.....

.....

.....

.....

.....

8. Education Level /Qualification of Executive Members

.....

.....

.....

.....

.....

.....

9. How did you come to know about CEEWA-Uganda?

i) Through a friend/ Colleague

ii) CEEWA-U activities

iii) Radio

iv) Television

v) Newspapers

vi) Any other specify.....

10. Why do you want to join CEEWA-Uganda?.....

.....

.....

.....

11. Which Program/Programmes (see CEEWA-U brochure) are most interested in?

.....

.....

.....
12. What do you expect from CEEWA-Uganda as a Member?

.....
.....
.....
.....

13. What will your CBO/ NGO contribute to CEEWA-U?

.....
.....
.....
.....
.....

14. How best can we communicate to you?

.....

N.B Send in your Constitution, Bye Laws and Certificates of Registration with this Application Form

FOR OFFICIAL USE ONLY:

1) Identified by:

2) Approved by:

Signatures of officials

	Title	Name	Signature	Date of admission
1.				
2.				
3.				