

**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 ORDINARY MEMBERSHIP

II ASSOCIATE MEMBERSHIP

II AFFILIATED MEMBERSHIP

VI HONORARY MEMBERSHIP

5. OCCUPATION /PROFESSIONAL BACKGROUND.....

.....

6. EMPLOYMENT/ PROGRAM YOU ARE ENGAGED IN.....

..... 1

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- Membership to CEEWA-Uganda is by invitation and application and is subject to approval by the Executive Committee on behalf of the General Assembly.

7. PERSONAL INTEREST AND VISION.....
.....
.....

8. ACADEMIC QUALIFICATION AND SPECIALISATION.....
.....

9. HOW DID YOU COME TO KNOW CEEWA-U?

i) Through a friend/colleague

ii) Media

10. WHY DO YOU WANT TO JOIN CEEWA-U?.....
.....
.....

11. HOW MUCH TIME ARE YOU WILLING TO ALLOCATE FOR CEEWA-U
ACTIVITIES?

- Equal or more than 3 hours a week
- Equal or more than 3 hours in 2 weeks
- Equal or more than 3 hours a month

12. WHICH PROGRAM (see CEEWA-U brochure) ARE MOST INTERESTED IN?
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13. HOW WILL YOU PARTICIPATE IN CEEWA ACTIVITIES?

(Tick where appropriate)

- Attending meetings
- Reviewing documents

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- A membership fee of 10,000/= is to be paid after approval of applications forms plus an annual subscription fee of 40,000/= payable on the 1st day of January of @ year.

- Consultancies
- Lobbying

14. HOW BEST CAN WE COMMUNICATE TO YOU?

.....

N.B SEND IN YOUR C.V WITH THIS APPLICATION FORM.

FOR OFFICIAL USE:

1) Identify by:

2) Approved by:

Signatures of officials

Title	Name	Signature	Date
1.			
2.			
3. ²			

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