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**AWIF Organisational Membership**

Thank you for your interest to joining us as a member. Your contribution will feed AWIF to get one step closer to its objectives. In addition, AWIF represents and promotes the voices of African women and promote women activisms in political and social arenas through its Advocacy and Lobbying program.

We are looking for the members committed to the forum's core values and principles and to joining us with vast interest in rising their voices for defending women’s rights. Moreover, we expect our members, voluntarily, to not only rise their voices but to bring their activism in actions and to keep their untiring efforts for a bright future of the women.

We provide equal opportunities to our all members, meanwhile we appreciate active and supportive contribution of members to the forum’s vision, mission and long and short term goals and objectives. We seriously consider our core values and principles to enable us fairly treat our all members.

**Instructions:**

Please complete each section of this form, attach proof of your organizations not-for-profit/ NGO status along with other required documents, and email to (administration@awif.org.za) Once we have received and reviewed your form, we will contact you and confirm your membership. If you face any difficulties accessing the form please contact AWIF Secretariat via administrator@awif.org.za

**Applicant information:**

If you face any difficulties accessing the form please contact AWIF Secretariat via administrator@awif.org.za

\* Required

Organisation name: \*

Abbreviation\*

Address (Main Office): \*

Mailing address: \*

Website: \*

Type of the organization: \*

National: ☐ International: ☐

Please write your organization vision below: \*

Please outline your organization’s strategic goals and objectives below: \*

Is your organization is registered with the government? (Please check one in single time, “Yes” or “No”) \*

If “Yes”, please specify.

If “Other”, please specify.

Is your organization registered with the other national and international networks or associations? (Please check one in a single time, “Yes” or “No”)

If “Yes”, please specify.

Designated Contact Person

Alternate Contact Person

Full Name: \*

Title: \*

Title: \*

Email: \*

Telephone: 1

Telephone: 2

Does your organization provide membership to other organizations or individuals?

If “Yes”, please specify.

Do you share in AWIF’s objectives and goals? \*

☐ Yes

☐ No

How did you know about AWIF? \*

Name the organization or individual that has nominated/recommended you to be member\*

If your organization has other organizations as its members, please attach the list with complete detail. (Name, working area, address). \*

**Working Areas:**

☐ Advocacy and Lobby

☐ Human Rights and Women rights

☐ Violence against women

☐ Women and Peacebuilding

☐ Women Economic Empowerment

☐ Human Rights and Women Rights

☐ Income Generation

☐ Public Awareness Capacity Building

☐ Democracy Promoting

☐ Good Governance

☐ Education

☐ Women and Political participation

☐ Sexuality rights of women and Reproductive health

☐ Women and Disability

☐ Youth Empowerment

☐ Shelter

☐ Networking

☐ Gender

☐ Research

☐ Other

Please describe that how your organization will contribute AWIF’s strategic goals and objectives. \*

This is to certify that I \_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_ of \_\_\_\_ \_\_\_\_ Organization apply to register the organization with above mentioned specifications in AWIF and do conform to remain as an active member of the forum.

* I declare to abide by the Rules, Regulations, standards and all other of the forum’s membership policy (Available on our website.)
* I declare that the details I have provided regarding our organization are true and correct.
* I acknowledge that Membership rights are not used for personal gain.

I understand all membership rules, regulation and standards that I have read and understood the information provided in this membership form and on the Network’s Membership policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

Approved by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_