

GNECC MEMBERSHIP REGISTRATION FORM

Membership Type:

Please tick:

- Ordinary-has voting rights
- Associate-has no voting rights
- Partner-in a position to support coalition with funds

Member Description:

Please tick

INGO	LNGO	CBO	Association	Individual	Others (please specify)

Target Groups:

- Children 0-3 yrs, Illiterate adults
- Children 4-8 yrs, Ethnic minority groups, Orphans, vulnerable children and youth, LGBTQI
- Girls, Boys, Women, People living with HIV/Aids, Teachers/Educators
- Parents, Children with disabilities Indigenous people
- Youth/youth with disabilities Other and specify others

Organisation Details

Name:

Regional location of Head office:

Name of Contact Person:

Individual (Head)

First Name:

Last Name:

Contact Information (Organisation/ Individual member)

Phone:

Email:

Website:

Address:

Location:

Social media: Whatsapp Facebook LinkedIn Twitter

Whatsapp number: LinkedIn account:

Facebook account: Twitter account:

Mission

Mission Statement (If an individual please indicate how you are actively involved in the promotion of quality pre-tertiary education for all):

(Programs/Projects)

Operational Area/Scope of Operation (choose as many as apply):

- National
 - Regional
 - District
 - Grassroots
- Number of regions:
Number of districts:

Thematic area(s) (Please tick)

Early childhood	Primary	JHS	SHS	TVET	Others(please specify)

Types of Programs and/or Activities:

- Education Agriculture
- Health Water & Sanitation
- Environment Other (Please specify)
- Art & Culture

Has your organisation fulfilled the statutory registration requirements with the following:

- Registrar General Registration Number:
- Social Welfare Registration Number:
- District Assembly Registration Number:

Note: Please provide copies of registration document

If a registered organisation, indicate type of registration:

Limited by guarantee

Limited by shares

Full Name:

Sign:

Date: