

7. Operation areas of the organization (put X in the box/es)

- | | | | |
|-------------|--------------------------|---------------|--------------------------|
| Health | <input type="checkbox"/> | Environment | <input type="checkbox"/> |
| Population | <input type="checkbox"/> | Food security | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Gender equity | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | Others..... | |

8. Geographic areas of operation

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II. Membership Detail

1. Type of membership requested

- | | |
|----------------------|--------------------------|
| Full membership | <input type="checkbox"/> |
| Associate membership | <input type="checkbox"/> |
| Honorary membership | <input type="checkbox"/> |

2. Role of your organization / individual in the CIPHE (please put X in the box/es)

- | | |
|--------------------------------|--------------------------|
| Advocacy and communication | <input type="checkbox"/> |
| Research and capacity building | <input type="checkbox"/> |
| Program level implementation | <input type="checkbox"/> |
| Others | <input type="checkbox"/> |

III. Checklist of Required Documents

- | | |
|----------------------------|--------------------------|
| Application letter | <input type="checkbox"/> |
| Copy of legal registration | <input type="checkbox"/> |
| Copy of working MOA | <input type="checkbox"/> |
| Any Supportive documents | <input type="checkbox"/> |

This application form should be filled and submitted to the consortium office together with the application letter and other documents. Application is possible both in person, e-mail and via ordinary mail.

Address of the Consortium

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Fax. +251 11 6630942
P. O. Box 156 Code 1100
Addis Ababa, Ethiopia
E-mail: pheethiopia@gmail.com
Website: phe-ethiopia.org

Key Contact

CIPHE Secretariat Office
Tel. +251 11 663 0937/42

IV. Declaration

I, _____, declare that the above information is true and correct to the best of my knowledge. I acknowledge that establishment of falsehood in the above information is grounds for immediate disqualification of my application.

Signed by representative of organization: _____

Date : _____

V. Decision section (for office use only)

Accepted Rejected

Decision detail

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.....
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Date

Signed and endorsed by