



Membership Application Form

I. Organizational Detail

1. Name of the organization / individual

2. Date founded (DD/MM/YYYY)

3. Is the organization registered by the Ministry of Justice / DPPC / Regional Bureau(s)?

Yes No

If yes, please give the following information respectively.

Registration number

Date of registration

Registration number

Date of registration

Registration number

Date of registration

4. Contact address

Country / Region

City/ Woreda/ Kebele.....

P.O. Box

Tel.

Fax.....

Email.....

Website.....

5. Contact person

Name:

Title:

Telephone:

6. Type of the organization

Indigenous NGO International NGO

Donor GO

SCO CBO

Faith based organization CBA

Research institution Individual

Private Other.....

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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9. Annual Budget Birr

10. Number of Staff

11. Members if any.....

12. Number of program beneficiaries: - Direct..... Indirect.....

13. Vision.....

14. Mission.....

15. Objectives.....

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16. Project location Latitude..... Longitude.....

17. Have you started PHE integration? If so please describe the activities?

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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
- Research and capacity building
- Program level implementation
- Others

III. Checklist of Required Documents

- Application letter
- Copy of legal registration
- Copy of working MOA
- Any Supportive documents

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

Tel. +251 11 663 0937/42
Fax. +251 11 6630942
P. O. Box 156 Code 1100
Addis Ababa, Ethiopia
E-mail: pheethiopia@gmail.com
Website: phe-ethiopia.org

Key Contact

PHE-Ethiopia 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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Date

Signed and endorsed by