

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name of Organisation:

Physical address:

Mailing address:

Telephone:

Facsimile:

Email address:

Website:

Facebook address:

Date/year established:

Organisation type:

Non-Government Organisation Community-based group/partnership

Professional association Academic/technical institution

Faith-based Parastatal

Other, please specify _____

Status *(please provide a copy of your organisation's Act, Constitution, By-laws or Articles of Association)*:

Not for profit company Established by an Act of Parliament

Registered with Government Cooperatives

Other, please specify _____

Mission/Purpose:

Areas of focus *(e.g. environment, gender issues, agriculture etc.)*:

Number of members:

MEMBERSHIP APPLICATION

Please describe your organisation's governance structure:

DESIGNATED REPRESENTATIVE INFORMATION

Name:

Title/Designation:

Contact telephone numbers:

Email:

ALTERNATE REPRESENTATIVE INFORMATION

Name:

Title/Position:

Telephone:

Email:

MEMBERSHIP TYPE

Membership type	Membership dues	Please tick
Full Member <i>(all benefits of the coalition and voting rights)</i>	\$100.00	
Associate Member <i>(some benefits and no voting rights)</i>	\$50.00	

WHY DOES THE ORGANIZATION WANT TO BE A MEMBER OF THE COALITION?

SIGNATURES

I hereby certify that the members of this organization are fully aware of the By-laws and Operational Guidelines of the Coalition of Civil Society Organisation in Saint Lucia, fully understand the responsibilities and agree to apply for membership.

Signature on behalf of applicant:

Date:

Designation:

Coalition of Civil Society Organisations in Saint Lucia use only

Applicant Receipt # _____

Date paid _____

Board Decision: Approved

Not approved

Comments: _____