**APPLICATION FORM**

**Individual Membership (Ordinary Member)**

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| ***Type of membership applied for (please tick the box)*** |
| Individual Membership (ordinary members) - (I) Kshs 500 (one-off fee); (II)Annual subscription - Kshs. 2,000; |
| **Organisational Information**  |
| Name: |
| Nationality:  |
| ID/ Passport No: |
| Type of organisation: (briefly describe whether State actor, Non-state actor, individual or other) |
| Area/Counties of Operation: |
| I have attached my CV through earlychildhoodnetwork2016@gmail.com:Yes NO |
| Postal Address: |
| Telephone: | Social Media handle(s): |
| E-mail: | Website: |
| **Specific Activities/Programs (tick one or more)**  |
| 1. Advocacy
 |  |
| 1. Health
 |  |
| 1. Nutrition
 |  |
| 1. Opportunities for early learning
 |  |
| 1. Parent engagement/responsive caregiving
 |  |
| 1. Safety and Security (Child Protection)
 |  |
| 1. Other?
 |  |
| **Authorization** (to be completed by the duly authorized Head of organization/institution, if applicable) |
| On behalf of (name)\_\_\_\_\_\_\_\_\_\_\_, I hereby confirm that the information contained in this application is correct and confirm our application for ECDNeK membership, (name of organization) shares and supports the objectives of ECDNeK.  |
| Name: |
| Title/Position: |
| Signature & stamp: Place and Date: |
| **FOR OFFICIAL USE ONLY** Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved: □ Declined: □  **Approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If application declined reason for decline. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |