**APPLICATION FORM**

**Corporate Organisations and International Partner Membership**

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| ***Type of membership applied for (please tick the boxes)*** |
| **Registration fees:** $1,000 one off and $1,000 (annually) |
| **Organisational Information**  |
| Organisation/Individual or other: |
| Type of organisation: (briefly describe whether State actor, Non-state actor, individual or other) |
| Area/Counties of Operation: |
| Contact person (if an organisation): |
| 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 of organization), 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |