

**FORUM FOR AFRICAN WOMEN EDUCATIONALSITS (FAWE)
UGANDA CHAPTER**

MEMBERSHIP APPLICATION FOR ORGANISATIONS	For Official Use Only Number of Organization <table border="1" style="display: inline-table; border-collapse: collapse; width: 80px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> </table> Membership granted: Yes/No. Date:.....			
A. ORGANISATIONAL RECORD				
Name of Organization: _____ Date of establishment: _____ Affiliate Organization, if any: _____ Head of Organization (Title): _____ Physical Address: _____ _____ Postal Address: _____ Telephone number: _____ Fax: _____ E-mail: _____				
B. GOAL AND OBJECTIVES				
C. SPECIFIC ACTIVITIES UNDERTAKEN				

D. AREA OF OPERATION
E. SUGGEST WAYS IN WHICH YOU THINK WE CAN NETWORK

I hereby on behalf of my organization certify that the above information is correct.

Title of Officer: _____

Name: _____

Signature: _____

Date: _____

Forward the application to,
The Program Manager
FAWE – Uganda Chapter
P.O. Box 24117, Kampala

OR
Plot 328, Bukoto - Kampala
Tel: 0414-236863 / 0414-252258
Fax: 0414-252258
E-mail: faweu@faweu.or.ug