

# FAWE – UGANDA CHAPTER

## Membership application form

*For official use only*

Number of applicant \_\_\_\_\_ Category of Membership \_\_\_\_\_

### A. PERSONAL RECORD

Ms/Mrs/Eng/Dr/Prof/Mr. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date filled \_\_\_\_\_

Profession / Occupation: \_\_\_\_\_

Contact Address (physical & Postal) \_\_\_\_\_

Telephone Number \_\_\_\_\_ (Office) \_\_\_\_\_

(Residence) \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

### B. EDUCATION BACKGROUND (Beginning with the highest level attained)

From (yr)	To (Yr)	Educational Institution	Certificate / Award

### C. ACTIVITIES YOU'RE INVOLVED IN THAT PROMOTE GIRLS' EDUCATION

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### D. SKILLS AND EXPERTISE (Relevant to FAWEU)

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I hereby certify that the above information is correct. I agree to conform to the requirements of membership.

Applicant's Signature \_\_\_\_\_ Date submitted \_\_\_\_\_

#### Return to:

The National Coordinator, FAWE Uganda, P.O.Box 24117, Kampala. Or to plot 328, Bukoto.

Email: [faweu@faweu.or.ug](mailto:faweu@faweu.or.ug)

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