

Union of Ethiopian Women Charitable Associations (UEWCA)

Membership Request Registration Form

1. Name of the Organization _____
Acronyms (if any) _____
2. Year of Establishment & Reg. №. _____
3. Re-registration Status and type in a new Civil Society Law (Ethiopian Society, Ethiopian Resident, Ethiopian Resident Charity, Ethiopian Charity) _____

4. Vision _____

Mission _____

Objectives _____
5. Thematic Areas (e.g. Economic Empowerment, Education, Health, etc) _____

6. Target Group (e.g. Women, Children, etc) _____
7. Organizational Governance Structure _____

8. List of Accomplished Programs/Projects _____

9. Geographical Coverage _____

10. Number of Employees _____

11. Partners and Donors _____

12. **Office Address:** Sub-city _____ Woreda _____ House №. _____
P.o.box _____ Fax № _____
Tel. №. _____, _____, _____
E-mail: _____
Website: _____
Current Office Location _____

Logo:

13. Contact Person _____ Position _____
Mobile _____ E-mail _____

Any additional information

Organization (Contact Person)

Date of Received at UEWCA

Name _____

Signature _____

Date & Seal _____

N.B. If this format is not sufficient please use additional page.

Please attach organizational registration license