

KZN Civil Society Coalition (KZNCSOC)



Membership Form

Please complete this form and email to info@kznscoc.org.za / Fax to 031 306 2261

1. Contact Details

Organisation Name:

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Acronym (*if applicable*):

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Individual Name (*if applying for individual membership*):

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Physical Address:

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Postal Address:

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Tel:

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Fax:

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Website:

.....

Please indicate the following:

Contact Person 1

(Primary contact for Coalition):

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Position:

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Tel:

Cell:

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Email:

.....

Contact Person 2 *(Optional):*

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Position:

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Tel:

Cell:

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Email:

.....

Name of Executive Director/CEO :

Tel:

Cell:

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Email:

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Name of Financial Officer:

Tel:

Cell:

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Email:

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2. Organisational Status / Type of Organisation:

Non-Governmental Organisation

Faith-Based Organization

Community-Based Organization

Other (please specify):

If NPO, please provide NPO registration number:

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3. Organisational Profile

One of the key roles of the coalition is to connect member organizations on the basis of common programmatic areas of work. In order to enable us to update your details on the database, please state your CURRENT programmatic areas of work for this purpose:

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4. Membership Category: Full Member / Associate Member

5. Declaration

We/I hereby apply for Full/Associate membership of KZNCSOC and agree to uphold the values of the coalition and to fulfil the responsibilities associated with the relevant category of membership.

Director:

Signed:

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Date:

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If Director not available, on behalf of the Director:

Signed:

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Name:

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Position:

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Date:

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