

Membership Application Form

1. Information about your organization

1.0 Name of the organization:

1.1 Name of contact person:

1.2 Address of organization:

Postal address

Physical address

Telephone number(s):

Fax:

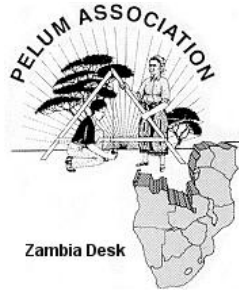
E-mail:

Website:

1.3 When was the organization established:
(form in which it is registered)

1.5 What is the geographical spread of activities:

1.6 What are the main aims of the organization:



1.6.1 What are the main activities:

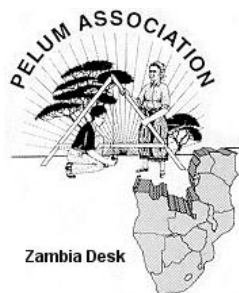
1.7 what is the size of the organization:
(number of personnel)

1.8 What body formulates/approves the policies of
the organization:

1.9 Please give the names and addresses of any
other organizations that you think might be
interested in joining PELUM:

2. Why would you like to join PELUM
Association:

2.1 By joining PELUM Association what benefits
do you expect:



3. Types of Membership

- I. Ordinary (voting) membership is open to national and regional non-governmental organizations which support and engage in training in the field of Participatory Ecological Land-use Management (PELUM)
- II. Associate (non-voting) membership is open to international non-governmental organizations, networks, government organizations and parastatals
- III. Individual (non-voting) membership is open to all individuals
- IV. Sponsor (non-voting) membership is open to any organization/persons wishing to sponsor the efforts of the Association

4. Subscriptions

All members except for honorary members shall be required to pay annual subscriptions. All annual subscriptions shall be payable in advance or before the 1st January each year.

<u>Membership type:</u>	<u>Annual subscription</u>
Ordinary membership	K 500,000
Associate membership	K 500,000
Individual membership	K 500,000
Sponsor membership	K 500,000

I would like to apply on behalf of the organization for membership to PELUM Association. I agree that if elected, the organization will abide by the constitution. I also understand that when applying for full membership, the organization may only be granted associate membership.

We are applying for annual subscription to PELUM Association as (Please indicate by ticking one box):

Ordinary membership	<input type="checkbox"/>
Associate membership	<input type="checkbox"/>
Individual membership	<input type="checkbox"/>
Sponsor membership	<input type="checkbox"/>

Signed:

Date:

Position:

**Please post the completed form to the Country Coordinator, PELUM Association
Zambia, P.O. Box 30443 Lusaka Zambia. Tel: +260 1 293873 / 295392
E-mail: pelum@coppernet.zm**

Please enclose a profile and any other literature that may be informative about the organization