



**UNIVERSAL COALITION FOR AFFIRMING AFRICANS UGANDA**  
**APPLICATION FORM FOR MEMBERSHIP (INDIVIDUAL)**

1. Date of submission of this application:
2. Name of the Individual applying for membership:
3. Location: *\*Country and full address (postal, physical, telephone, email):*
4. Amount of membership fee paid:
5. Give at least two reasons why you would like to be a member of the coalition.
  
6. If accepted to the membership of the coalition, what form of support do you expect from UCAA-UG?  
  
\*In turn, what would you share with or how would you support the Coalition?
  
7. When I am accepted into the membership of UCAA-UG, I promise to abide by the UCAA-UG by-laws and any other Standing Orders or Membership Policy put in place by the UCAA-UG.

Signed: .....

Name and Title: .....

Date: .....

8. How did you learn about UCAA-UG?

.....  
.....

---

---

**FOR OFFICIAL USE ONLY**

Date application received: .....

Application accepted/ deferred/ declined: .....

Date: .....

Signed on behalf of the Steering Committee by: .....

*Please send this application back to [info@ucaaug.org](mailto:info@ucaaug.org)/[tom@ucaaug.org](mailto:tom@ucaaug.org)*