



UNIVERSAL COALITION FOR AFFIRMING AFRICANS UGANDA
APPLICATION FORM FOR MEMBERSHIP (ORGANIZATION)

1. Date of submission of this application:
2. Name of the Organization applying for membership:
3. Location of the organization's Head Office: **Country and full address (postal, physical, telephone, email and website):*
4. Amount of membership fee paid:
5. Date of Registration /Incorporation with Authorities in home country (where relevant) - Please specify the country authority.
6. Mission, Vision and Objectives of your Organization.
 - I.
 - II.
 - III.
 - IV.
 - V.
7. Current activities / programs (mention at least two).
8. List two activities / projects your organization has implemented in the three (3) years.
9. If your Organization is 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?

*Would you be willing to display the UCAA-UG logo alongside your own?

10. We wish to apply for membership to the Universal Coalition of Affirming Africans Uganda (UCAA-UG). The decision to apply for membership to UCAA-UG was passed by our Board of Directors / General Assembly/Other/: **on day/Month/year**

When our organization is accepted into the membership of UCAA-UG, we promise to abide by the UCAA-UG bye-laws and any other Standing Orders or Membership Policy put in place by the UCAA-UG.

Signed:

Name and Title:

Date:

11. Please provide contact details of your contact person on UCAA-UG matters.

12. Are you comfortable publishing your organizational details on the UCAA-UG Website?

13. How did you learn about UCAA-UG?

PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ✓ If available kindly attach a certificate of registration or similar document from any of the authorities from your area of operation.
- ✓ Please provide some proof that your organization’s activities are compatible with the aims and objectives of UCAA-UG

FOR OFFICAL 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/tom@ucaaug.org