



MEMBERSHIP APPLICATION FORM

ORGANIZATION ASSESSMENT

1. Name of Organization/ Institution:	
2. Name and Contacts of the Head of Organisation:	
3. Date of Registration and/or Incorporation:	
4. Registration No: [Attach a photocopy of a certificate of registration and renewals if any]	
5. Physical address of the Organization	
6. State objectives of your organization (include the Vision and Mission)	
7. State activities of the organization that relate to Farmer Managed Natural Regeneration.	
8. State your expectations in becoming a member.	
9. How can your organization support the FMNR Network achieve its objectives?	E.g., mobilization, capacity building/training, information sharing and publicity, resource mobilization, etc.
10. Give two names/ contacts of persons within your organization who you wish to represent your organization in engagements organized by or under auspices of FMNR <i>[Note: Any change of the names should be immediately communicated to the FMNR Secretariat]</i>	

MEMBERSHIP AND SUBSCRIPTION FEES

1. Membership application fees

All membership applicants are expected to pay a non-refundable application fee amounting to **UGX 50,000**. Upon submission of a filled application, the FMNR Secretariat shall send an invoice of these fees to the applicant.

2. Types of membership

- (i) **Institutional membership:** open to local, national and regional non-governmental organizations/Civil Society organisations which implement activities of the network
- (ii) **Corporate:** open to corporate companies which may directly involve in promoting activities of the network
- (iii) **Sponsor membership:** open to any organizations/ persons and companies that are currently funding or wish to fund the efforts of the FMNR network

3. Subscriptions

All members shall be required to pay annual subscription. The annual subscription depends membership the type of membership. The following are the amounts required to be paid for respective membership categories.

4. Rates for membership

Membership type	Amount in UGX	Amount in USD
Institutional	150,000/=	\$50
Corporate	500,000/=	\$150
Sponsor	3,000,000/=+	\$1,000+

5. Declaration

I would like to apply on behalf of my organization OR as an individual for membership to FMNR Network. I agree that if admitted, I OR my organization will abide by the Constitution [Tick appropriately].

I hereby apply for, _____ membership category.

Name	
Signature	
Title	
Date	
Position	

For Official Use Only

This application has been reviewed and [accepted..... / rejected..... / deferred.....] by the Steering Committee of the Farmer Managed Natural Regeneration Network in Uganda on this..... day of.....20.....

Signed on behalf of the
Steering Committee

[Chairperson]

Signed on behalf of the
Steering Committee

[Secretary]