

THE UGANDA COALITION FOR SUSTAINABLE DEVELOPMENT (UCSD)

Rio and beyond



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MEMBERSHIP APPLICATION FORM

Please write legibly on the blank spaces only.

PART 1: ORGANISATION PROFILE					
Name of the Organization					
Contact persons including positions held [Please indicate 2]					
Date of registration [Attach a photocopy of a certificate of registration and renewals if any]					
Registration number					
Physical address of the organization				Tel. no(s):	
Email address				Fax no(s):	
Type of Organisation (Tick correct box)	International	Network/umbrella	National	District	Others [Please specify]
Fax Number	Email Address				

PART 2: OBJECTIVES & ACTIVITIES OF THE ORGANISATION

Type of Work/Thematic grouping (please Tick one)

- | | |
|---|--|
| a. Biodiversity | |
| b. Climate change & Energy | |
| c. Integrated Freshwater Management | |
| d. Sustainable Agriculture | |
| e. Sustainable Economic & social Development | |

What are the objectives of the organization?

What kind of activities are on-going (please give a brief description)?

Clearly state the expectations of the organization in being a member of UCSD

Clearly state what you can offer as your contribution to UCSD

PART 3: MEMBERSHIP FEES & ANNUAL SUBSCRIPTION (See explanation below)				
MEMBERSHIP FEE	Ushs.	Mode of Payment (Tick Correct Box)	CASH	CHEQUE
ANNUAL SUBSCRIPTION	Ushs.		OTHER (SPECIFY)	
DATE				
<p>Membership Categories:</p> <ul style="list-style-type: none"> • Regular Membership is open to all registered Civil Society Organisation and Non Governmental Organisation fee is Ushs. 30,000/- and Annual Subscription fee is Ushs. 30,000/- • Associate Membership fee is Ushs. 50,000/- and Annual Subscription fee is Ushs. 25,000/- • Corporate Membership fee is Ushs. 100,000/- and Annual Subscription fee is Ushs. 100,000/- 				
PART 5. APPROVAL SECTION (TO BE FILLED IN BY THE UCSD ONLY)				
APPROVED/NOT APPROVED (PSE TICK APPROPRIATE BOX)	APPROVED		NOT APPROVED	SPECIFY OTHERS
MEMBERSHIP FEE PAID/ NOT PAID (INDICATE AMOUNT)	PAID		NOT PAID	
ANNUAL SUBSCRIPTION (INDICATE AMOUNT)	PAID		NOT PAID	
APPROVED BY THE CHAIRPERSON (ON BEHALF OF THE EXECUTIVE COMMITTEE)				
	NAME		SIGNATURE	
DATE				