

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 and Livelihoods						

b. Climate change & Energy	
c. Integrated Water Resource Management	
d. Agriculture, Nutrition and Food Security	
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. 50,000/- and Annual Subscription fee is Ushs. 50,000/- • Associate Membership fee is Ushs. 50,000/- and Annual Subscription fee is Ushs. 50,000/- • 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 (INIDICATE AMOUNT)	PAID	NOT PAID	
APPROVED BY THE CHAIRPERSON (ON BEHALF OF THE EXECUTIVE COMMITTEE)			
	NAME	SIGNATURE	
DATE			