



NGOs Co-ordination Board
Resource and Documentation Centre (RDC)
Membership Application Form

Category of Membership: NGO Personal

Applicant's Name:

I.D Number:.....

Organization Name:

Position in the organization:.....

Postal Address: Physical Address:

.....

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.....

.....

Telephone:

Email.....

What is your area of interest (please Tick)?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Children |
| <input type="checkbox"/> Information | <input type="checkbox"/> Culture | <input type="checkbox"/> Education |
| <input type="checkbox"/> Old Age | <input type="checkbox"/> Energy | <input type="checkbox"/> Disability |
| <input type="checkbox"/> IGAD Publications | <input type="checkbox"/> All Laws of Kenya | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Governance | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Reproductive Health | |

Please indicate how you learned about the Board's RDC:

- On the board Other NGOs Board's website Other

Would you be willing to contribute materials to the RDC please indicate which sector.

Date:.....Signature of applicant:.....

For official use

Membership fee paid/not paid

Amount:.....

Date of payment:.....

Receipt no:.....

Documentation officer signature.....

Approved/rejected

Reasons:.....

.....

.....

AG. Head of Operation, Compliance and Research signature:.....

Date:.....

For additional information, contact us through
bchala@ngobureau.or.ke