



Ref 011-496 NPO
Section 18a Ref 930008976
 55 Jabu Ndlovu Street, Pietermaritzburg, 3200

P.O. Box 157, Pietermaritzburg, 3200
 Tel: 033-3457994, Fax: 033-3457272 E-mail: memberadmin@cindi.org.za Website: www.cindi.org.za

Official use	
Name	_____
Date	_____
Signature	_____

MEMBERSHIP APPLICATION FORM/RENEWAL FORM

Please submit via email to Noma at generaladmin@cindi.org.za, hand deliver or fax to 033 345 7272

PLEASE NOTE: CINDI DOES NOT PROVIDE ANY ENDORSEMENTS FOR MEMBERS

1) MEMBERSHIP CATEGORY (Please tick)

Notes:

For membership renewals: please tick the appropriate box

For new members: please tick either Affiliate Membership, full voting membership is only available to organizations who have been affiliate members for a prescribed length of time and meet the full voting member criteria.

For affiliate members wishing to become full voting members: please contact Noma directly regarding your membership

Friend of CINDI: This allows individuals, organizations and government representatives to join the CINDI communication mailing list without becoming members of the network.

FULL VOTING	<input type="checkbox"/>
AFFILIATE MEMBERSHIP	<input type="checkbox"/>
FRIEND OF CINDI (Information only)	<input type="checkbox"/>

2) INSTITUTIONAL INFORMATION

Please complete the information below

Name of Organization:	
NPO No:	
Physical address:	
Postal address:	
Tel:	E-mail:
Fax :	Website:

3) AREAS OF EXPERTISE

FIELD	BRIEF DESCRIPTION OF ACTIVITIES
Training	
Research	
Advocacy	
Which other organisations do you work with? (eg other NGOs, church groups, government departments, forums, networks, women's groups)	

Description of services to vulnerable children:
Organisational vision:
Organisational mission statement:

4) EXPECTATIONS FROM THE CINDI NETWORK

What do you hope to gain? <input type="radio"/> Specific activities <input type="radio"/> Particular topics	
How do you intend to contribute? <input type="radio"/> Specific activities <input type="radio"/> Particular topics	
Contact Person:	
Position:	
Cell No:	
Name of Alternative Contact:	
Cell No:	

All information provided will be kept confidential. We will not disclose your personal information to a third party without your consent.

SIGNED..... DATE.....