**WERENGO MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Postal Address |  |
| Physical Address of Head Office |  |
| Digital Address |  |
| Telephone Number |  |
| Email: |  |
| Website Address |  |
| Year of Establishment |  |
| Statutory Obligations *(Attach Certificate/Licence, if available)* |
|  | Certificate Type | Year of Registration | Registration Number | Tax ID No. |
| Registrar-General’s Dept. |  |  |  |  |
| National Non-profit Organisation Secretariat |  |  |  |  |
| Add, if any |  |  |  |  |
| Governance: *Describe Structure (provide Organogram if any)* |
| VISION & Mission Statement or Charter:*(Please provide the Constitution or Charter for the organisation.*  | **Vision:** |
| **Mission:** |
| GOAL/PURPOSE  |  |
| OBJECTIVES |  |

|  |
| --- |
| Thematic Areas of Operations/Functions (*list in terms of pririoty)* |
|  |  | 6. |  |
|  |  | 7. |  |
|  |  | 8. |  |
|  |  | 9. |  |
|  |  | 10. |  |
| Geographical Areas of Operation (*Indicate Region - Metro/Municipal/District))* |
| Region | Metro/Municipal/District |
| Western |  |  |  |
|  |  |  |
|  |  |  |
| Western North |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Geographical Areas of Operation in other Regions of Ghana (*Indicate Metro/Municipal/District)* |
| Region | Districts |
| Central |  |  |  |
| Greater Accra |  |  |  |
| Eastern |  |  |  |
| Volta |  |  |  |
| Oti |  |  |  |
| Upper East |  |  |  |
| Upper West |  |  |  |
| Northern |  |  |  |
| North East |  |  |  |
| Savanna |  |  |  |
| Ashanti |  |  |  |
| Ahafo |  |  |  |
| Bono |  |  |  |
| Bono East |  |  |  |
| **Administration** |
| Number of Staff |
| Full Time |  | Volunteers |  | Casual |  |
| Male |  | Male  |  | Male |  |
| Female |  | Female |  | Female |  |
| Attach an Organogram if any |  |
| List Current Projects (Optional): |
| Description: *(Title, Objectives, location & Duration* | Partner/s | Funding Agency | Amount |
|  |  |  |  |
|  |  |  |  |
| **Annual Reports:***Attach copies of last two years Technical and Financial Reports* |
| **Affiliations & Networks** |
| 1.2.3. |
| Organization Contacts: |
| Head of Organization | Name: |  |
| Email: | Telephone Number: |
| Programme Officer | Name: |  |
| Email: | Telephone Number: |
| Accounts Officer | Name: |  |
|  | Email: | Telephone Number: |
| Statement of Interest:*(Please state the reasons for the organisation’s interest in WERENGO)* |  |
| Authorised Representative of Organization |  | Designation  |
| Contact number |  |
| Signature |  |