**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 | | | | |  | | | | | | | | | | | | |