



## MEMBERSHIP FORM

### Section 1: General Information

1. Organization Category:

- (a) Non-Governmental Organization                       (c) Faith Based Organization   
(b) Community Based Organization                       (d) Other

2. Name of Organization:

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3. Name of Parent Organization:

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4. Address of Organization:

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5. Telephone number(s): (1): \_\_\_\_\_ (2): \_\_\_\_\_ cell: \_\_\_\_\_

6. Fax: \_\_\_\_\_ 7. E-mail: \_\_\_\_\_

8. Website (if any): \_\_\_\_\_

9. Principal Officers: (PLEASE TICK MAIN CONTACT PERSON)

First Name	Last Name	Position	Contact #

10. Date Organization was established:

\_\_\_ / \_\_\_ / \_\_\_  
(day) (month) (year)



11. What is the registration status of the organization?

- a. Incorporated by Act of Parliament:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- b. Incorporated under the Companies Ordinance:  \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- c. Other (please state): \_\_\_\_\_

12. Overall Goal of the organization:

\_\_\_\_\_

### Section 2: Activities

13. What services does the organization offer? (may tick more than one)

<input type="checkbox"/> Adult Education		
<input type="checkbox"/> Advocacy (specify)		
<input type="checkbox"/> Agriculture		
<input type="checkbox"/> Children's Services		
<input type="checkbox"/> Community Development		
<input type="checkbox"/> Counseling		
<input type="checkbox"/> Family Life Education		
<input type="checkbox"/> Financial Aid		
<input type="checkbox"/> Legal Aid		
<input type="checkbox"/> Marketing		
<input type="checkbox"/> Protection of the Environment		
<input type="checkbox"/> Provision of Food Hampers/Meals		
<input type="checkbox"/> Services for the Elderly		
<input type="checkbox"/> Services for persons with Disabilities		
<input type="checkbox"/> Shelter (temporary)		
<input type="checkbox"/> Small Business Development		
<input type="checkbox"/> HIV/AIDS Information		
<input type="checkbox"/> Training		
<input type="checkbox"/> Women's Rights Services		
<input type="checkbox"/> Youth Development		
<input type="checkbox"/> Other (specify)		

14. Which other agencies or groups does your organization frequently network with?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_



15. What resources own or have access to?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

16. What are the major challenges faced by your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What important dates/events does your organization celebrate which may be included on a Network Calendar?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section 3: Organization Structure**

18. Does the organization have a constitution? Yes:  No:

19. Does the organization have a strategic plan or yearly plan of activities?

Yes:  No:  Don't know:

20. Total number of members in the organization

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Total: \_\_\_\_\_

21. Please indicate the number of staff attached to the organization:

Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_



**Section 4: Services**

22. What common services would you like the Network to offer its members of NGO's

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23. How would being a member of the Network benefit you?

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Annual Subscription Fee \$120.00

Received by.....

Position.....

Date.....

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Officer Responsible

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Entered By

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Date

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Verified By

**NETWORK OF NON-GOVERNMENTAL ORGANISATION OF TRINIDAD AND TOBAGO  
FOR THE ADVANCEMENT OF WOMEN**

**Primary Objective**

The Network has as its purpose the recognition and promotion of respect to rights and fundamental freedom as they relate to women and young girls as defined in the Universal Declaration of Human Rights, Declaration on the Elimination of Discrimination to Women, CEDAW and other International Human Rights Instruments.