

passport

CSACEFA

Flat 6, No.3 Ziguinchor Street. NERFUND house former (Doyin Group House) beside PHCNwuse Zone 4, Abuja. Tel. 09-7800947. Email info@csacefa.org , csacefa2000@yahoo.com
Website: www.csacefa.org

MEMBERSHIP APPLICATION FORM

Date of Application: _____

Details of your Organisation

1. **Name of Organisation**.....
.....

2. Contact details

❖ **Address** -----

❖ **Town:**----- **State:**-----

❖ **P.O.Box:**----- **Phone:**-----

❖ **Fax:**----- **Email:**-----

❖ **Web site** -----

3 Who are the major contact persons for your organisation?

❖ **Name:**-----

❖ **Designation:**-----

❖ **Address (if different from above):**-----

❖ **Name:**-----

❖ **Designation:**-----

❖ **Address (if different from above)**-----

Status of your Organisation

- 4 Have your Organization paid the registration fees with CSACEFA? -----
- 5 When was your organisation founded? -----
- 6 Is your organisation registered? Yes /No
- 7 If No state reason:-----
- 8 If yes at which level is your organisation registered?
 Federal State Local Government
- 9 With which government agency (ies) is your organisation registered?

Your organizations purpose, areas of focus and scope of operation

- 10 What is your organization’s vision?

- 11 What is your organization’s mission?

- 12 What are the main objectives (goals) of your organisation?

- 13 What are the main activities of your organisation? (thematic/sectoral)?

14 Major areas of focus.

- | | | |
|---|--|---|
| <input type="checkbox"/> Mass Literacy | <input type="checkbox"/> Media | <input type="checkbox"/> Research and Documentation |
| <input type="checkbox"/> Formal Education | <input type="checkbox"/> Health | <input type="checkbox"/> Micro Credit |
| <input type="checkbox"/> Non formal and Adult Education | <input type="checkbox"/> Policy Analysis & Development | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Research & Training | <input type="checkbox"/> Women Empowerment |
| <input type="checkbox"/> Government | <input type="checkbox"/> Children Issues | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Conflict & Peace Building | <input type="checkbox"/> Monitoring and Evaluation | <input type="checkbox"/> Women Right |
| <input type="checkbox"/> Habitat | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Providing scholarships |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Other activities please specify..... |

15 Target Groups:

- | | | |
|---------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Youths | <input type="checkbox"/> Disabled | <input type="checkbox"/> Nomads |
| <input type="checkbox"/> Women | <input type="checkbox"/> Displaced People | <input type="checkbox"/> Migrants |
| <input type="checkbox"/> Men | <input type="checkbox"/> Children | <input type="checkbox"/> Other |

16 Based on your organization's vision, mission, objectives and programmes, how best can you describe your organization? (Please select one or two options from the categories presented below).

- | | | |
|---|--|---|
| <input type="checkbox"/> NGO | <input type="checkbox"/> Cooperative Society | <input type="checkbox"/> Self help group |
| <input type="checkbox"/> Civic Organization
(E.g. Lion's club, Rotary club etc.) | <input type="checkbox"/> Professional Union | <input type="checkbox"/> Faith Based Group <ul style="list-style-type: none">• Christian• Moslem• Indigenous Religion |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Trade Association | |
| <input type="checkbox"/> Community Development Association | <input type="checkbox"/> Town Association | |
| | <input type="checkbox"/> Trade Union | |

17 What is the geographical coverage (scope of operation) of your organization?

18 In which state is your organization *presently* running activities?

- | | | | |
|--------------------------------------|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Abia | <input type="checkbox"/> Delta | <input type="checkbox"/> Kaduna | <input type="checkbox"/> Ogun |
| <input type="checkbox"/> Adamawa | <input type="checkbox"/> Ebonyi | <input type="checkbox"/> Kano | <input type="checkbox"/> Ondo |
| <input type="checkbox"/> Akwa Ibom | <input type="checkbox"/> Edo | <input type="checkbox"/> Katsina | <input type="checkbox"/> Osun |
| <input type="checkbox"/> Anambra | <input type="checkbox"/> Ekiti | <input type="checkbox"/> Kebbi | <input type="checkbox"/> Oyo |
| <input type="checkbox"/> Bauchi | <input type="checkbox"/> Enugu | <input type="checkbox"/> Kogi | <input type="checkbox"/> Plateau |
| <input type="checkbox"/> Bayelsa | <input type="checkbox"/> FCT | <input type="checkbox"/> Kwara | <input type="checkbox"/> Rivers |
| <input type="checkbox"/> Benue | <input type="checkbox"/> Lagos | <input type="checkbox"/> Sokoto | <input type="checkbox"/> Gombe |
| <input type="checkbox"/> Borno | <input type="checkbox"/> Taraba | <input type="checkbox"/> Imo | <input type="checkbox"/> Nassarawa |
| <input type="checkbox"/> Cross River | <input type="checkbox"/> Jigawa | <input type="checkbox"/> Niger | <input type="checkbox"/> Yobe |
| | | | <input type="checkbox"/> Zamfara |

19. Specify the Local Government Area in each state.

State	Local Govt. Areas

20 Using the table below describe your organization’s human resource in terms of number, sex, form of employment, and educational attainment.

Male Employees						Female employees					
	Post Grad	BSC/ HND	OND/ ND	SSCE	FSLC		Post Grad	BSC/ HND	OND/ ND	SSCE	FSLC
Full Time						Full Time					
Part Time						Part Time					
Volunteers						Volunteers					
Total						Total					

21 Please tick the table below to indicate skills within your organisation that you would be willing to share, and skills you wish to develop.

Skill	To share	To develop	Skill	To share	To develop
Counselling			Leadership		
Research and Documentation			Project Management		
Information, Education & Communication(IEC			Bookkeeping and Accounting		
.Advocacy and Policy Analysis			Budgeting		
Monitoring and Evaluation			Proposal Writing		
Participatory Appraisal and Learning			ICT		

22 What is the structure of your organisation? (You can use a separate sheet)

23 What is the main source of your organization's funding?

- | | |
|--|--|
| <input type="checkbox"/> Domestic Non-government Organizations | <input type="checkbox"/> International Foundations |
| <input type="checkbox"/> Domestic Foundations | <input type="checkbox"/> Government |
| <input type="checkbox"/> Business Organization in Nigeria | <input type="checkbox"/> UN Agencies |
| <input type="checkbox"/> Nigerian Philanthropies | <input type="checkbox"/> Foreign government Donor Agencies |
| <input type="checkbox"/> International Non-Government Organizations. | <input type="checkbox"/> Self Supporting |

24 Please name funding sources.

Name of funding source	PAST	PRESENT

25 Please complete the table below to show the main projects (activities) your organisation implemented in the past or is implementing presently? Begin with on-going projects, then past ones.

PROJECT TITLE	TARGET BENEFICIARIES	AREA OF COVERAGE	PROJECT SPONSOR
1.			
2.			
3.			
4.			
5.			

ATTACHMENTS CHECK LIST

The following documents must be attached before Application for Registration can be processed:

		Tick if attached	Official Use Only
1.	Evidence (photocopy) of registration with CAC		
2.	Evidence of registration (photocopy) with FG or SG or LG		
3.	Evidence of payment (photocopy of receipts)		
4.	One self addressed duly stamped envelope		
5.	Passport photograph of contact person		
6.	Organization's Brochure/ Newsletter.		

THANK YOU