**Membership Application Form.**

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| 1. Name of the Organization (In full) and Address:  Director: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: ­­­­­­­­­­­­­­­­­­­­-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.: Fax: Email:  Website:  Contact person:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physical Location of the Organization– attach map if possible: |

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| 2a. Are you a member-based entity? Yes \_\_\_\_\_\_\_\_\_ or No \_\_\_\_\_\_\_\_\_\_  b. Who do you work with (member/partners)? How many? \_\_\_\_\_\_\_\_\_\_ |

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| 3. Is your organization registered? If yes: Under which law, is it registered. If not, are there plans for registering?  Please state registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. Please provide some background information on your organization: |

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| 5. Are you a member of any other civil society networks (e.g. TANGO, Policy Forum etc)? Please state all the ones that apply: |

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| 6. What kind of projects are you involved in the agricultural sector? Briefly describe the objectives and activities of those programs/projects. |

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| 7. How many employees does the Organization have? How many based in at main office? Other offices? |

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| 8. What is the Organization’s level of coverage? (How much of the country do you cover? & which regions/districts?)   |  |  | | --- | --- | | **District/Region** | **Activity** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| 9. What is the Organization’s approximate annual budget? State currency please. |

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| 10. What is the name of the NGO’s Chief Executive and/or the Head of Policy and direct contact number?  Chief Executive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Policy (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 11. Any relevant information you would like to share: |

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| * I am the Chief Executive and am authorized to act on behalf of my organization. * I understand that ANSAF seeks to advocate for a pro-poor and conducive agriculture policy environment where Civil Society Organizations and the private sector effectively engage with and influence agriculture sector policies and practices to effectively analyse the existing agriculture policies and suggest alternative views/directions. Also to provide a platform for learning, sharing, networking and coalition building around best practices and key issues in the agriculture sector. My organization is committed to engaging seriously with these processes. * I commit to actively participate in ANSAF activities and to collaboration with other ANSAF members to achieve ANSAF objectives. I commit my organization to regular attendance at scheduled ANSAF meetings * My organization seeks full membership of ANSAF and requests to be informed and invited to ANSAF forums/ meetings.   Stamp (if applicable)  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE:** Please complete all questions and **attach copies** of the following documents to your application:

1. *The mission and/or vision statement of your organization*
2. *Your last financial statement (audited if your accounts are audited)*
3. *Your latest annual report*
4. *Your current annual work plan (if you have one)*
5. *Copy of registration certificate*
6. *Introduction letter from the District Executive Director*

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| **State attached documents to this application:** |

*All information should be sent to:*

*ANSAF Board, P.O. Box 33562, Dar Es Salaam,*

*Tel: 255 22 2771566 Fax: 255 22 2775970*

The application form will be forwarded to the ANSAF Board for consideration.

*ANSAF is pleased to receive applications for membership. All applications received will be acknowledged within one week of having been received by the ANSAF Secretariat. Applications will normally be considered by the ANSAF Board during scheduled meetings. ANSAF commits to making a determination on membership applications within 2 months of receipt provided the application is complete and relevant documents are attached. Failure to complete the form correctly or to attach the requested documentation may result in delays in making a decision.*

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| DO NOT FILL THIS SECTION FOR INTERNAL PROCESSING BY ANSAF ONLY  Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secretariat Review:  SC Review  Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Response date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |