

NATIONAL WOMEN'S COUNCIL
APPLICATION FORM FOR MEMBERSHIP

Name of Association:

Address of seat of Association:

Email Address:

Date of registration (with Registrar of Association):

Date set up:

Registration number:

No of members:

Objectives of the Association:

1.

2.

3.

4.

Membership

Age Group of members	No of members
18 to 24 years old	
25 to 34 years old	
35 to 50 years old	
51 to 59 years old	
60 years old & above	
Total number of members	

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Date

Name:

Signature:

President/Secretary

LIST AND DETAILS OF OFFICE BEARERS

MANAGING COMMITTEE-Period to

DESIGNATION	NAME (as per ID)	ADDRESS	CONTACT NUMBER	AGE	OCCUPATION	ACADEMIC QUALIFICATIONS
President						
Vice-President						
Secretary						
Assistant Secretary						
Treasurer						
Assistant Treasurer						
Member						
Member						
Member						
Member						
Auditors						
Auditors						

.....

Date

Name:

Signature:
(President/ Secretary)

LIST OF MEMBERS

Period to

NAME (as per ID)	ADDRESS	CONTACT NUMBER	AGE	OCCUPATION	ACADEMIC QUALIFICATIONS

.....
Date

Name:
Signature:
 (President/ Secretary)

Checklist:

Submitted	Yes	No
Copy of Certificate of Registration (registrar of Association)		
Certified copy of rules of the Association		
Copy of National Identity Card of President/ Secretary		

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Name:

Date

Signature:

President/ Secretary

For Office Use:

Application Approved:

Application not Approved:

Date approved by Regional Committee:	
Officer Name:	Signature:
Date approved by National Women's Council:	
Officer Name:	Signature: