



National Union of Disabled Persons of Uganda

Membership Application form

MEMBERSHIP CATEGORIES (select one).

- full Membership.** Available to Uni-Disability Organizations and Disability District Unions who have fulfilled all the requirements as to our membership guidelines.
- Associate membership.** Available to disability organizations who have not reached the stage of full membership but registered with the NGO bureau.
- Honorary membership.** Available to individuals who have made extra ordinary contributions to the attainment of NUDIPU mission and Vision.

ORGANIZATION INFORMATION

Full Name of Organization and acronym (Please type or print clearly)

Mission and Vision Statement

Registration status, Address and contact. (type where applicable)

Category		District Union	Organization of Persons with Disabilities	Others
Status	Registered with URSB (which year)			
	NGO Bureau (which year)			
Organization information.	Email:			

	Telephone number			
	Website			
Organization Address (Region, City, street and Box number)				

Mailing Address (if different from above)

Tel _____ Web Site _____

Email _____

Current Annual Budget _____

Founded by _____

<p>For Organization of Persons with Disabilities:</p> <p>Executive Director's name:</p> <p>Email Address.....</p> <p>Telephone Number</p> <p>For District Unions:</p> <p>Chairperson's name: Email</p> <p>Address.....</p> <p>Telephone Number</p>

Contact Person if different from above.

First Name _____ Middle Name _____

Last Name _____

Position _____ Email _____
Telephone _____ Other Phone _____

When was the last General Assembly if any has ever been held? _____

Disability Category(s) targeted. (Tick where Applicable)

Physical	Visual Impairment	Hearing Impairment	Little Persons	Deaf Blind	Persons with Albinism	Mental and psychosocial disabilities	Multiple Disabilities	Intellectual Disabilities

Which Age group and gender where applicable. _____

MEMBERSHIP DUES (dues are based on NUDIPU constitution; -

1. 150,000 for membership registration paid once, 50,000 annual subscriptions for DUs
2. 200,000 for membership registration paid once and 100,000 annual subscriptions for OPDs)

Payments can be made to;

Bank: **Stanbic Bank Uganda Limited.**

Account Name: **National Union of Disabled Persons of Uganda** Account

No: **9030013959403.**

Required documents.

1. Proof of payment of the membership fees and annual subscription of the current year of registration or years due if renewing members.
2. A copy of registration certificate.
3. A copy of the organization's Constitution.
4. A copy of the most recent Annual report of the organization.
5. A copy of the recent annual general meeting report or minutes.
6. A list of a democratically elected Board Members.

For clarification please contact: **Manake Constance Eunice** on; email; membership@nudipu.org

Telephone: 0700540179/0760254252.

I am an authorized representative of this organization and I affirm that all information submitted on this form is true and accurate.

print name signature date

Please Note:

Membership application is voted and approved by the NUDIPU Board of Directors. You will thereafter be notified to pay membership dues once this is done. Any organization who have not paid the membership and subscription fees will not have their application activated even when the Board of Directors have vetted them.