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)

<table>
<thead>
<tr>
<th>Category</th>
<th>District Union</th>
<th>Organization of Persons with Disabilities</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Registered with URSB (which year)</td>
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<tr>
<td></td>
<td>NGO Bureau (which year)</td>
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<tr>
<td>Organization information</td>
<td>Email:</td>
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</table>
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 ________________________

For Organization of Persons with Disabilities:

Executive Director’s name: ________________________________

Email Address ________________________________

Telephone Number ________________________________

For District Unions:

Chairperson’s name: ________________________________ Email

Address ________________________________

Telephone Number ________________________________

Contact Person if different from above.

First Name ________________________________ Middle Name ________________________________

Last Name ________________________________
When was the last General Assembly if any has ever been held?

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

<table>
<thead>
<tr>
<th>Physical</th>
<th>Visual Impairment</th>
<th>Hearing Impairment</th>
<th>Little Persons</th>
<th>Deaf</th>
<th>Blind</th>
<th>Persons with Albinism</th>
<th>Mental and psychosocial disabilities</th>
<th>Multiple Disabilities</th>
<th>Intellectual Disabilities</th>
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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 Banka 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 vated 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.