**Network of Organizations of /for the Visually Impaired and the Blind (NOVIB)**

**Membership Application Form**

1. Name of Organization/Association:

2. Date of Establishment:

3. Type of Registration

Registration Number

4. Physical Address

**Head Office**

City K/K Woreda H.NO Telephone P.O.Box Email Website

**Branch (If any)**

City K/K Woreda H.NO Telephone

P.O.Box Email Website

5 Area of work the Organization/Association Focuses on

6 Mission statement and vision of the Organization/Association

7 Active projects run by the Organization/Association

(Please provide title of the project and source of fund)

8 Contact Person

Name

Position

Telephone

Email

This application form should be filled and presented to NOVIB office along with copy of registration certificate

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