

**COMMUNITY EMPOWERMENT INITIATIVE (COMEI) MEMBERSHIP APPLICATION FORM**

**Part A – To be filled by all Applicants.**

1. **Personal Details**

|  |  |
| --- | --- |
| Names |  |
| Age category |  |
| Gender |  |
| Nationality |  |
| National Identification Number |  |
| Telephone Contacts |  |
| Email |  |
| Occupation |  |
| Place of work and contact/address |  |

1. **Education**

|  |  |  |
| --- | --- | --- |
| Level of Education (please tick where appropriate) | Primary level |  |
|  | Secondary level |  |
| Diploma Level |  |
| University level and other training |  |

1. **Membership category and dues**

Please indicate (Tick) if this is a new membership or a renewal of an existing membership

|  |  |  |  |
| --- | --- | --- | --- |
| New membership |  | Renewal of an existing membership |  |

**Payment of membership dues:**

|  |  |  |  |
| --- | --- | --- | --- |
| Membership fees (a one-time) | Shs. 100,000 | Annual Subscription | Shs. 50,000 |
| Payment Amount |  |  |  |
| Date |  |  |  |

1. **Area(s) of expertise where you can serve COMEI (please tick where appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal |  | Financial management |  |
| Advocacy |  | Human resource management |  |
| Governance |  | Resource Mobilization |  |
| Environment |  | Proposal writing |  |
| Health |  |  |  |

**Part B: For Official Use**

|  |  |  |
| --- | --- | --- |
| Member Number |  |  |
| Date paid |  |  |
| Signature of Chairperson  COMEI Vetting Committee |  |  |