



## Keynes Disability Association 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 KDA mission and Vision.)

#### ORGANIZATION INFORMATION

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

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Mission and Vision Statement

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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:			
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	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 nome: .....

Email Address.....

Telephone Number .....

For District Unions:

Chairperson's nome:      Email

Address.....

Telephone Number .....

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)

Which Age group and gender where applicable. \_\_\_\_\_

MEMBERSHIP DUES (dues ore based on KDA constitution; -

20,000/= for membership registration paid once.

Required documents.

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

For clarification please contact: SSEGUJJA GERALD TREVOR Telephone:  
0778891810/0751685164.

*I am on aofhorized represenfative of this organization and I affirm that all information so6miffed on  
this form is froe and accurate.*

prin f name *signature* dale

Please Note:

Membership application is voted and approved by the KDA 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.