NHN MEMBERSHIP-FORM

|  |
| --- |
| 1. Full Legal/Registered Name of Organization (in capital letters):
 |
|  |
| 1. Acronym (where applicable):
 |
|  |
| 1. Year of Establishment:
 |
|  |
| 1. Registration:
 |
| Number |  | Date of Registration |  |
| 1. Registered under Act/Law:
 |
| 1. Registration Category (tick the relevant category)
* Profit Organization
* Non-profit Organization
 |
| 1. Place of registration:
 |

|  |
| --- |
| 1. Member of Other Networks / Organizations (If any)
 |
| Name of Network/Organization | Date of Membership |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |
| --- |
| 1. Official Address (Head Office):
 |
| Complete address |  |
| Tehsil/Town |  | District |  |
| Telephone Nos. | Area Code | Telephone 1 | Telephone 2 | Telephone 3 |
|  |  |  |  |
| Fax Nos. |  |  |  |  |
| Mobile (if any) |  |  |  |  |
| Email |  |  |
| Website (if any) |  |  |

|  |
| --- |
| 1. Postal Address (if different from above):
 |
| House No. | **Same as above** | Street No. |  |
| Sector/Colony/Block Mohallah/ Village/PO |  |
| Tehsil/Town |  | District |  |

|  |
| --- |
| 1. No of Field/Area Offices (including Head Office) by Province
 |
| Punjab | Sindh | KPK | Balochistan | Total |
|  |  |  |  |  |

|  |  |
| --- | --- |
|  | 1. Names of Districts covered by the organization
 |
|  | **Punjab** | **Sindh** | **KPK** | **Baluchistan** | **Other areas (AJK, GB, FATA & ICT)** | **Total** |
| **Name of districts** |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1. Chief Executive Officer/Managing Director of organization
 |
| Name |  |
|  | From | 2002 | To | Till date |
| Telephones | Area Code | Telephone 1 | Telephone 2 | Telephone 3 |
|  |  |  |  |
| Mobile (Optional) |  |  |
| Fax |  |  |
| Email |  |
|  |

|  |
| --- |
| 1. Contact Person for NHN
 |
| Name |  |
| Designation |  |
| Telephones | Area Code | Telephone 1 | Telephone 2 | Telephone 3 |
|  |  |  |  |
| Mobile (Optional) |  |  |
| Fax |  | Email: |  |

1. **Experience with current/past projects**

List down the 3 humanitarian projects managed by your organization over the past three years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | **Location of the Project** **(District, Tehsil/Union Council)** | **Status of Projects****(Completed/in process)** | **Name of Donor****& Project Period** | **Area of Work (food, wash, shelters, education, advocacy etc)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Areas of Expertise:**

Please list down the 3 strengths of organization in Humanitarian sector.

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Areas of Expertise** | **Relevant Experience / Evidence** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

1. How much resources the organization has raised and spent on humanitarian assistance in a year**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr#** | **Year** | **Donor name** | **Funds Raised** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

1. **Number of staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr#** | **Area Name** | **M** | **F** | **Total** |
| **1** | **Program staff** |  |  |  |
| **2** | **Supporting staff** |  |  |  |
| **3** | **Volunteers** |  |  |  |

1. **Adherence to values/principles/policies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr#** |  | **Yes** | **No**  | **Remarks**  |
| **1** | **Adherence to HAP**  |  |  |  |
| **2** | **Adherence/compliance to Humanitarian Principles and Standards** |  |  |  |
| **3** | **Gender Mainstreaming** |  |  |  |

**Declaration by the Organization:**

***[All NHN member organization are required fill this form afresh, even if they already submitted NHN membership form. It should be signed by a senior management person of the organization]***

I, the undersigned, being the person responsible in the organization, certify that: The information given in this application is correct.

The organization is agreed with NHN, Mission, Vision, objectives, core values, TORs and by-laws.

**Applicant Name: Position: Signature:**

**Recommended by Seconded by**

Name: Name:

Chapter: Chapter:

Dated: Dated:

**For Official Use**

Membership status (please tick the status):

1. Accepted
2. Rejected
3. Deferred

Reasons for rejection/ deference

Membership category (please tick the category):

1. Full Membership
2. Associate Membership

**Name of deciding authority:**

Signature: Date:

**The following supporting documents will be required to attach with membership application:**

* Letter of Interest on Letter Head
* Copy of Last one or two Audit Reports
* Copy of NTN Certificate (optional)
* Minutes of Last Board Meeting (optional)
* Organizational Undertaking
* Complete Membership Application Form-MAF (stamped/signed) in Soft & Hard copy
* Organizations original Registration certificate scanned copy (soft & Hard )
* Organization contingency plan or disaster related progress reports
* Membership fees
* Signed copy of code of conduct

Responsibilities of the Applicants:

* Properly read and understand the MAF
* Contact NHN Sindh Secretariat for any clarity / guidance if required concerning MAF
* Submit the MAF within due date
* One organization can apply for only one district-
* All the information required in the application must be provided in full
* Checklist provided must be checked before sending application to the Secretariat
* All the required documents / forms must be attached with membership application form
* The membership application form should be sent through TCS or any reliable courier / postal mechanism
* Secretariat will not be responsible for any application if lost in the mailing process
* NHN Provincial council may invite any organization for brief presentation on capacity profile of organization and on contingency plan before final membership.

Further details & contact:

NHN national/regional/provincial focal persons and NHN coordinators