



National Humanitarian Network Pakistan

NHN MEMBERSHIP-FORM

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

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

9. 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				



National Humanitarian Network Pakistan

Website (if any)		
------------------	--	--

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

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

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

14. 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				

15. Contact Person for NHN



Name				
Designation				
Telephones	Area Code	Telephone 1	Telephone 2	Telephone 3
Mobile (Optional)				
Fax			Email:	

16. 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)

17. 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		

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

Sr#	Year	Donor name	Funds Raised
1			
2			
3			

19. Number of staff

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



20. 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