

**MEMBERSHIP DATA FORM 2025**

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| This membership data tool/form was designed by the National Coalition of Human Rights Defenders Uganda (NCHRD-U) and builds on the previous work and relationship between NCHRD-U and its membership (organisation/individual). The tool will enhance the Network’s understanding of your organisation/individual area(s) of speciality, compliance, and scope of work. The overall objective of the tool is to collect relevant information/data of the network organisations/individuals.This form caters for both members organisations and individual members.  |
| **Membership** Are you a member of NCHRD-U? Yes [ ]  No [ ]  |
| **Category of membership** 1. Full membership [ ]  2. Associate membership [ ]  3. Honorary membership [ ]
 |
| **1. Member Information** |
| Name  |  |
| Acronym: |  |
| Type of Organization:  | CBO [ ]  | NGO [ ]  | Individual [ ]  | Other [ ]  |
| \*If ‘OTHER’ please specify: |
|  |
| **2**. **Physical Address** |
| District |  | Street |  |
| County/Division  |  | Village |  |
| Sub-county/Zone |  | Plot No. |  |
| Postal Address |
|  |
| **3. Contact** |
| Telephone |  |
| Email |  |
| Web Address |  |
| Social media information: (Facebook page, twitter handle, LinkedIn, etc.) |  |
|  |  |
| **4**. **Two** **Contact Person(s)** |
| Name (E.D/CEO) |  |
| Title |  |
| Telephone 1 |  | Telephone 2 *(optional)* |  |
| Email |  |
|  |  |
| Name  |  |
| Title |  |
| Telephone 1 |  | Telephone 2 *(optional)* |  |
| Email |  |

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| **5**. **Incorporation (Company limited by guarantee/trustee)** |
| Incorporated  | [ ]  Incorporated  | [ ]  Not incorporated  |
| Year of incorporation: |  |
| Incorporation Number: |  |
| *\*Incorporation means registered with URSB/Registrar of companies or registrar of trustees* |
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| **6**. **Registration with NGO bureau/ District for CBOs** |
| Registered | [ ]  Registered | [ ]  Not registered |
| Type of registration (Indigenous, International, Foreign, Regional) |  |
| Year of Registration: |  |
| Registration Number: |  |
| CBO Registration period |  From: | To: |
|  |
| **7. Registration with other statutory bodies** | **Number** | **Reason ‘if not registered’** |
| Financial Intelligence Authority (FIA) Number: |  |  |
| Tax Identification Number (TIN):  |  |  |
| National Social Security Fund (NSSF) Number:  |  |  |
| [National Information Technology Authority-Uganda (NITA-U)](https://cybilportal.org/implementor/national-information-technology-authority-uganda-nita-u/) Number (Data Protection Certificate) |  |  |
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| **NGO Permit** *(as per your organization permit) for only member organizations* |
| Date of issue: |  |
| Expiry date: |  |
| Area of operation: |  |
| Scope of work: |  |
|  |
| **8**. **Thematic Areas** *(as per current Organizational Strategic Plan)* |
| 1.
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| 1.
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| *\*Example of thematic areas; a) Gender b) Health c) Education d) PWDs e) Journalists f) Governance g) social-economic empowerment, h) Environmental protection and climate change i) Ethnic minorities, J) Key population and Youth etc.*  |
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| **9. Target group *(s)*** *Such as, PWDs, Youth, Journalists, Women,, GBV survivor, children, key populations, Ethnic minority, Environmental protection and climate change etc.* |
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| **10. Geographical area of operation** |
| National [ ]  | Regional [ ]  | District [ ]  |
| If not national, *please mention the regions of Uganda. (Ankole, Kigezi, Bunyoro, Buganda, Tooro, Acholi, Lango, Busoga, Teso, Bugisu, Sebei, Bukedi, Karamoja, West Nile, Kampala)* UBOS 2020. |  |
| Districts of operation *(please list all districts where you work)*  |  |

**Source of Information Consent**

1. Your personal/organizational information *(*name, designation, organization details, contact details) will only be used for the membership auditing, accounting, and monitoring purposes. For auditing and monitoring purposes only, this data might be availed to third parties (external auditors, evaluators, and commissioning parties). The data will be stored in the secretariat databases and any use of your data will always be subject to further consent.

**Information Provided by**

Name: ………………………………………

Title: ………………………………………..

Telephone: ……………….…………………

Signature: …………………………….…….

Date: ………………………………….…….

Stamp: ………………………………………