



WOMEN EDUCATIONAL RESEARCHERS OF KENYA (WERK)
LINKING RESEARCH TO ADVOCACY AND ACTION
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ORGANISATIONAL MEMBERSHIP REGISTRATION FORM

A. ORGANIZATIONAL DETAILS

A.1 Name of organization/group: _____

A.2 Geographical location: _____
i. Province: _____
ii. District: _____
iii. Division: _____ Location: _____

A.3 General address
i. Postal address _____ code: _____
ii. Telephone number _____
iii. Email address _____
iv. Website _____

A.4 Physical address _____
i. Road / street _____
ii. Building/ floor / Room _____
iii. Village/ area/ landmark _____

A.5 Contact person _____
Name _____
Position in the organization _____ Tel _____
Email address _____

B ABOUT YOUR ORGANIZATION

B.1 Membership

i. What is your target group?

Women only

Girls only

Children

Women and children

Others (specific)

B.2 Registration

i. Is your group registered? Yes: No:

ii. If yes,

a) Registration number _____

b) Date of registration _____

c) How is it registered?

Community-based organization

Faith based organization

Non governmental organization (NGO)

Trust

International NGO

Company

Other (specify)

Business name

d) Do you have a constitution Yes: No:

B.3 General

i. Why was your organization formed (*general reason for formation*)?

ii. What is your mission and vision (in brief)?

Mission: _____

Vision: _____

C: ACTIVITIES

C.1 Programme and Project Activities

i. Does the organization / group have any projects targeting the community?

Yes : No :

ii. What thematic area(s) does your organization cover?



C.2 Economic Activities

i. How does your organization/ group fund raise?

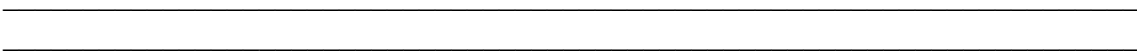


ii. Do you have any Income generating activities (specify)



D: ORGANIZATIONAL STRENGTHS AND CHALLENGES

D.1 What are the main **challenges** that your organizations face in its operations?



D.2 What are the key **strengths** or **capacities** of your group/organization



D.3 Attach the following documents about your organization (where applicable)

- Organizational profile (*include brochure if any*)
- Any other

Signature: _____ Date: ____/____/____

E. FOR OFFICIAL USE ONLY

Checked by: _____

Full name: _____

Signature: _____

Date: _____

Approved:

Declined:

Approved by: _____

Full name: _____

Signature: _____

Date: _____

If application declined reason for decline.

Official stamp

N/B: PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR ORGANIZATIONAL PROFILE VIA EMAIL ON werk@werk.co.ke or drop a hard copy to our office.