



WOMEN EDUCATIONAL RESEARCHERS OF KENYA

Linking Research to Advocacy and Action

1171 ARGWINGS KODHEK, NEXT TO KILIMANI PRIMARY SCHOOL

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ORGANIZATIONAL MEMBERSHIP REGISTRATION FORM - INSTITUTIONAL MEMBERS -

A. INSTITUTION DETAILS

- i. **Name of organization/group:** _____

- ii. **Geographical location:** _____
a. Province: _____
b. District: _____
c. Division: _____ Location: _____
- iii. **General address**
a. Postal address:

P.O.BOX	Code:	City:	Country:
_____	_____	_____	_____

b. Telephone number: _____
c. Cell phone: _____ / _____
d. Email address: (1) _____
(2) _____
- iv. **Physical address**
a. Road /street _____
b. Building/ floor / room _____
c. Village/ area/ landmark _____
- v. **Contact person**
a. Name _____
b. Position in the organization _____ Tel: _____
c. Email address: _____

B. ABOUT YOUR ORGANIZATION

i. What is your target group?

- Women only Girls only
 Children Women and children Others (specific)

ii. Registration:

- a. Is your group registered? Yes: No:
- b. If yes, please provide:
 Registration/Certificate number: _____
 Date of registration: _____
 Type of registration:
 Community-based organization Faith based organization
 Non-governmental organization (NGO) Trust
 International NGO Company
 Other (specify) Business name

iii. Do you have a constitution? Yes: No:

iv. General questions about your organization:

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

What is your vision and mission (in brief)?

Vision: _____

Mission: _____

C: ACTIVITIES

i. Programme and Project Activities

- a. Does the organization / group have any projects targeting the community?
 Yes : No :
- b. What thematic area(s) does your organization cover?



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ii. Economic Activities

a. How does your organization/ group fund raise?

b. Do you have any Income generating activities (specify)?

D: ORGANIZATIONAL STRENGTHS AND CHALLENGES

i. What are the main **challenges** that your organization faces in its operations?

ii. What are the key **strengths** or **capacities** of your group/organization?

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

Organizational profile (*include brochure if any*)

Any other

Signature: _____ Date: ____/____/____



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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 submit this form along with a copy of your organizational profile to WERK for consideration;
Via e-mail, to werk@werk.co.ke or drop a hard copy to our office per the address below.**



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