



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?

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

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**D: ORGANIZATIONAL STRENGTHS AND CHALLENGES**

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

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

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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](mailto:werk@werk.co.ke) or drop a hard copy to our office per the address below.**



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