**Membership Application Form**

**Personal Details:**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Organization/Institution</td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Mobile Contact</td>
</tr>
<tr>
<td>Postal address</td>
</tr>
<tr>
<td>Highest Academic Qualification</td>
</tr>
</tbody>
</table>

**Kindly respond to the questions below.**

Are you working in an organisation currently funded by a RELI funder? ____________

If yes, which organisation? ____________________________________________________________

Name and short description of funded project: __________________________________________

If you answered No to Question 1, have you formerly been part of an organisation that is funded by RELI’s funders? ________________________________________________________________

If yes, which organisation? __________________________________________________________

Name and short description of funded project: __________________________________________
Have you ever been part of a consortium associated with RELI or its funders? 

If yes, which consortium and project? 

Are you working in an organization that has been partnering with RELI in another way? 

If yes, please describe the nature of the partnership? 

Are you a member of any professional organization? 

If yes, which one? 

---

**Interests and capacities**

Which ONE of the following thematic areas is most closely aligned to your main interest?

- Learner-centered teaching
- Values and life skills
- Equity and inclusion

Please say a little more about why this interests you, and your experience in this area: 

What interests you in RELI?

Which are your key strengths and capacities? 

How will you contribute to RELI?

---

**Recommendation:** Please give a brief comment as to the applicant’s suitability for RELI membership.

---

**Applicant recommended by:**

Signature: 
Date: 

**Name of Applicant:**

Signature: 
Date: 
For Official use only:

<table>
<thead>
<tr>
<th>Checked by</th>
<th>Remarks <em>(Approved / Not approved)</em></th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Kindly submit your duly filled form to info@ziziafrique.org*