



Membership Application Form

Administrative Information

Name of Organization/ Institution	
Postal address	
Email address	
Telephone contact	
Website	
Organization/ Institution Registration Status	
Registration number	
Physical address	
Contact person (Name & email address)	
Designation	

Organizational Background

Organization Vision:

Organisational Mission:

RELI is particularly interested in improving learning for children furthest behind. Please give two examples of indicators you are currently tracking that speak to this interest?

Counties of intervention: _____

Is the Organization/institution currently being funded by a RELI anchor funder? _____

If yes, which one? _____

Name of project and short description: _____

If you answered no to the above question, was the Organization/ institution previously being funded by a RELI anchor funder? _____

If yes, which one? _____

Name of project and short description: _____

If you answered no to both these questions, has the Organization/ Institution been partnering with RELI? _____

If yes, please explain the nature of partnership? -

Kindly respond by putting a tick on the appropriate response.

1. Is the Organization rooted in local communities? Yes No . Kindly offer some evidence to support your answer. Feel free to use hyperlinks to point to suitable documents or reports.

2. Does the Organization strengthen the voice of local communities in her decision making?
Yes No . Kindly offer some evidence to support your answer. Feel free to use hyperlinks to point to suitable documents or reports.

3. Are you willing to share evidence, learning and knowledge? Yes No . Kindly elaborate on how you will be intentional to do this.

4. Are you willing to openly and strategically collaborate? Yes No . Kindly elaborate on how you will be intentional to do this.

5. Are you willing to collect and share data? Yes No . Kindly elaborate on how you will be intentional to do this.

6. Are you willing to operate in a way that aligns with RELI values (Trust; collaboration; Respect; learning; Equity; Empowerment)? Yes No . Kindly elaborate on how you will be intentional to do this.

7. Kindly nominate 2 (two) employees who will represent your Organization in RELI activities. Write their name and email address. We expect there to be consistent representation by these members.

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

Organization recommended by: *(Name and organization of a RELI member)*

Signature: _____

Date: _____

Application form submitted by: *(Name)*

Designation: _____

Signature: _____

Date: _____

For Official use only:

	Checked by	Remarks (<i>Approved / Not approved</i>)	Signature	Date
1				
2				
3				

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