



Organizational/Institutional Membership Application Form

PLEASE ADD EXTRA PAGES IF REQUIRED

Name of organization:	
Abbreviation:	
English translation:	
Postal address:	
Telephone:	
Alternate number:	
Fax:	
Email:	
Website:	
Contact person Mr/Ms	
Title/function:	

About your organization (*please check all that apply*)

Our organization is a committee/umbrella group/coalition.

Our organization has individual membership. Number of members:

We publish a bulletin/magazine. **(Please attach a sample copy)**

Title:	
Number of copies distributed each time:	
Frequency:	
Language:	

Our organization was founded in (year):

Brief History:**Main activities:****Please explain how your work relates to CPPBI's programmes and concerns:**

Number of full-time employed staff members:	
Number of half-time / volunteers:	
Our organization is also affiliated to:	

Support Services:

- We are able to contribute services to support CPPBI. We can offer:
- translation of CPPBI literature
 - distribution of CPPBI literature
 - organization of seminars
 - other **(please give details):**

Date:	
Signature:	
Position in organization:	

Please send this form, along with any materials (or links) describing your work, to: info@cppbi.org OR nko.franca@cppbi.org .
For further enquiries you can call: +23408168580211; +23408033510173, OR visit you can visit us at, www.cppbi.org.