



# *New African Research and Development Agency*

## MEMBERSHIP APPLICATION FORM

1. Name of organization \_\_\_\_\_
2. Date of Establishment \_\_\_\_\_
3. Organization's Address \_\_\_\_\_  
Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Cell # \_\_\_\_\_
4. Is your organization national? \_\_\_\_\_ If yes, what the mission of your organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Who is the head/CEO of your organization? \_\_\_\_\_  
Contact: Email address \_\_\_\_\_ Cell # \_\_\_\_\_
6. Does your organization have a Board? \_\_\_\_\_ If yes, what is the size of your Board?  
\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
7. Do you have a legal status to operate in Liberia? Yes \_\_\_ No \_\_\_. If yes, which one: Accreditation  
\_\_\_\_\_ Article of Incorporation \_\_\_\_\_
8. Is your organization part of any network? Yes \_\_\_ No \_\_\_. If yes, name of Network  
\_\_\_\_\_ National \_\_\_\_\_  
International \_\_\_\_\_
9. Why does your organization want to become part of NARDA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What is your program focus? \_\_\_\_\_  
\_\_\_\_\_
11. Do you have donor(s)? Yes \_\_\_ No \_\_\_. If yes, name of donor(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Who are your target beneficiaries? \_\_\_\_\_
13. What is your current intervention/activity? \_\_\_\_\_  
Activity \_\_\_\_\_ Where \_\_\_\_\_  
Activity \_\_\_\_\_ Where \_\_\_\_\_  
Activity \_\_\_\_\_ Where \_\_\_\_\_  
Activity \_\_\_\_\_ Where \_\_\_\_\_
14. Application date: \_\_\_\_\_ Name \_\_\_\_\_  
Position \_\_\_\_\_  
Signature: \_\_\_\_\_