



Uganda Community Based Health Care Association

Address Berkeley Road, Opposite NARO, P.O. Box 7881, Kampala UGANDA,

Email: ucbhca@yahoo.com, Website: www.ucbhca.org

Office Tel: 0414-661588, Mobile: 0772402740,

MEMBERSHIP REGISTRATION/ RENEWAL OF FORM FOR NGO/CBO

Date.....

Application for Membership registration/Renewal..... (Tick as a appropriate)

If already registered Membership Registration Number.....

Category of Organization NGO/CBO tick appropriate

Name of the organization NGO/CBO

Postal address.....

Tel.....

Email..... or alternative contact address.....

District.....

Name of Board Chairman.....

Number of Board Members.....

Do you have a Constitution? YES/NO (Tick)

Is your NGO/CBO sponsored? Sponsored/Not sponsored tick appropriate

Name of Health Sub district where NGO/CBO operating health activities.....

Name of Sub county.....

Name of Parishes.....

Total Population Served by your NGO/CBO.....,

Program activities (list).....

.....

The Secretariat would like to start conducting the national training programs for training National Facilitators, Trainers of Trainers (TOTs), VHTs/CHWs and Refresher training courses for both TOTs and Facilitators.

Which type of training would you like your members to attend?

a.....

b.....

c.....

d.....

Any other requirement please specify.....

During training programs members are expected to sponsor their members in the training.

In what other ways would you like UCBHCA to assist you to enable you enhance your program activities?

1.....

2.....

3.....

3.....

4.....

5.....

Does your program belong to any other Association?

I) Yes Have you benefited.....

II) How have you benefited?

III) If no Give reason.....

Do you participate in district planning process?

I. Yes

II. No

If no Why.....

If yes when did you start?, Are you faced with any problems.....

.....

Note: Annual Membership subscription for NGOs/CBOs:

Self sponsored programshs 25.000/=

Sponsored program.....shs 50.000/=

Fees paid.shs.....in words.....

Cash. cheque No.....bank.....

Paid by.....signature.....

Receipt No.....

All registered member NGOs/CBOs must comply with all membership regulations which entitle them to full benefits offered by the association

Note: If new please attach Constitutions

If not new please attach Program Plans.

Would you like to make any other comments apart from the above?

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Your official stamp here

Thanks



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