

THE LOCAL GOVERNANCE NETWORK (LOGNet)



MEMBERSHIP APPLICATION FORM

No.	Issue	Information
1	Name of Organization	
2	Name of Contact Person	
3	Contact details	
4	State the goal of your organization and share your mission statement if you have one.	
5	Legal status of the organization (attach photocopies)	Registered
6	Year of Incorporation	
7	Region(s) working	
8	Focus Area	
9	Number of Metropolitan and Municipal Assemblies you work in (please name them)	.
10	Other programmes/projects you are involved in	-
11	Number of staff employed by the CSO (programme staff	

	and administrative staff)	
12	Available logistics (car/computer/office etc.)	
13	Organizational Governance Structure (Board/Management structure)	
14	Funding Source(s)	
15	1. Do you belong to any network? b. If yes, Yes which network ? .	
	2. How will you describe your relationship with respective Metropolitan and Municipal Assemblies you work with	
	1. What is your relationship with other operating CSOs/CBOs in the Metropolitan and Municipal Assemblies? 2.	

Dated -----