



UNITED FOR ASSISTANCE MEMBERSHIP APPLICATION

UNITED FOR ASSISTANCE AIMS TO PROMOTE ACTIVITIES TO IMPROVE THE WELL-BEING OF POOR FAMILIES LIVING IN CENTRAL AND EAST AFRICAN REGION, IN THE FOLLOWING COUNTRIES: RWANDA, BURUNDI, DEMOCRATIC REPUBLIC OF CONGO, UGANDA, TANZANIA AND KENYA.

United for Assistance mission translates in two main activities:

- a. Help poor families and orphans to fight the cycle of poverty through education;
- b. Support poor families to engage in income generating activities.

United for Assistance can also be involved in any other activities that improve the social and economic conditions of families in need.

It is hereby declared that United for Assistance is a Not-for-profit Organization which shall not carry on any business or trade for the profit of its members.

There are two (2) classes of membership to apply for:

- a. **Class A voting membership:** shall be available only to individuals who should have a right to vote and who have applied and have been accepted for Class A voting membership in the Corporation. Voting members should support the objectives of the association and pay the monthly and annual contributions fixed by the members in the annual general meeting of members;
- b. **Class B non-voting membership:** shall be available only to individuals or legal entity who should not have a right to vote in United for Assistance and who have applied and have been accepted for Class B non-voting membership in United for Assistance. Non-voting members should be interested in United for Assistance and its activities.

All prospective members of United for Assistance are required to complete this application form and **return** by email to **adhesion@ufora.org**

APPLICANT INFORMATION

1. Last name		First name	
2. Residential Address (complete address, country)			
3. E-mail		4. Telephone (include country code)	
5. Sex (check one) Male <input type="checkbox"/> Female <input type="checkbox"/>			
6. Age (check one) 18 years and over <input type="checkbox"/> Under 18 <input type="checkbox"/>			

TYPE OF MEMBERSHIP

VOTING/REGULAR MEMBER	ASSOCIATE MEMBER
<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT AND SIGNATURE

I conform and understand that:

- a. I am aged 18 and over;
- b. All Information supplied is true and correct;
- c. By entering my name and initials at the end of this application form, I acknowledge my full support to the aims of United for Assistance mentioned in this form and I agree to abide by conditions of membership as laid out in the by-laws of the United for Assistance;
- d. I can opt out of my membership, by delivering to the President of United for Assistance a written resignation and lodging a copy of the same to the secretary of United for Assistance.

Name and Initial of applicant:	Date
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THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF UNITED FOR ASSISTANCE

UNITED FOR ASSISTANCE ADMINISTRATION USE ONLY

Membership Number	Membership Approval Date
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