MEMBERSHIP FORM

1. **We/I would like (please tick)**
   - [ ] To apply for VANI Organisational Membership
   - [ ] To apply for VANI Associate
   - [ ] To apply for VANI Individual Membership

2. **CSO Type (please tick)**
   - [ ] Voluntary Development Organization
   - [ ] Foundation

3. **Date of Registration** [ ] **Registration No.** [ ]

4. **Total Budget in last three years for VANI Membership:** [ ]

5. **About Organization:**

   Name: Acronym (If any)

   Vision:

   Mission:
Values

Goals

6. Organisational Description:
   - Service Delivery
   - Research/Advocacy
   - Support
   - Any Others

7. Office Address:

   Email: __________________________ Website: __________________________

   Fax: __________________________ Phone: __________________________

8. Postal Address:

   Email: __________________________ Website: __________________________

   Fax: __________________________ Phone: __________________________
9. Designated Representative to Attend VANI Meeting: (Contact Person)

Name: ___________________________ Position: ___________________________

Email: ___________________________ Phone: ___________________________

Designated Alternative Person:

Name: ___________________________ Position: ___________________________

Email: ___________________________ Phone: ___________________________

10. Staff Details:

Total Staff: ________ Male: ________ Female: ________

11. Governance Details:

Total Board Members: ________ Male: ________ Female: ________

12. Required Documents: (please send the following documents through Post)

1. Annual Report (Latest)
2. Audit Report (Latest)
3. Society Registration Certification (copy)
4. FCRA Registration Certification (copy)

13. Membership Fee:

A/c Name: Voluntary Action Network India
Bank: Kotak Mahindra Bank
A/c No.: 4913157073
IFSC: KKBK0004605
Branch: Narain Manzil, Ground Floor, Shop No. G1 to G5, Barakhamba Road, New Delhi-110001