

MEMBERSHIP FORM



Organisation name		
Date of request		
Organisation authorised representative		
Organisations mission		
Organisations area of focus or services		
Organisations legal status		
Geographical Area of operation		
Head office address		
Contact number		
Type of membership request	Full active	
	Friend of LandNNES	
Area of interest (<i>Tick next to boxes</i>)	Get it	
	Keep it	
	Use it	
	M&E	
<p>As the authorised representative of my organisation I confirm that _____ (<i>Name of organisation or persons name if not an organisation</i>) _____ has understood and agreed to support the Strategy, the TOR , and the principles of LandNNES</p> <p>Signed : _____ date:</p> <p>Name : (<i>Person Authorised to sign on behalf of organisation</i>)</p>		
Steering Committee approved date:		