MEMBERSHIP REGISTRATION/RENEWAL FORM 2016

☐ REGISTRATION (NEW MEMBER)  ☐ MEMBERSHIP RENEWAL (EXISTING MEMBER)

CONTACT DETAILS

Organization name
Contact person
Phone number
Email address
Website
Physical address
Preferred method of contact
☐ Email
☐ SMS
☐ Phone
☐ Letter

COMMUNICATION

Do you have access to the internet?  Yes ☐ No ☐
Do you have access to email?  Yes ☐ No ☐
Do you have access to Skype?  Yes ☐ No ☐
Do you use Facebook?  Yes ☐ No ☐
How often do you access the internet/emails?

If no access or infrequent access to internet and
e-mail, what are the reasons?

What MACIS services are you most interested in?
☐ Representation
☐ Networking
☐ Capacity building/training
☐ Access to technical information
☐ Information on grants/call for proposals
☐ Other (Specify)

How did you know about MACIS?
☐ Other CSO/NGO
☐ Internet
☐ Friends
☐ Development partner
☐ Ministry of Health
☐ Other (Specify)
### ABOUT YOUR ORGANIZATION

#### Number of districts covered
- [ ] 1 district
- [ ] 2-5 districts
- [ ] 6+ districts
- [ ] International

#### List districts covered


#### Focus areas of your organization
- [ ] Malaria
- [ ] Immunization
- [ ] Maternal Health
- [ ] Child Health (ICCM)
- [ ] Nutrition
- [ ] Tuberculosis
- [ ] HIV/AIDS
- [ ] Community development
- [ ] Youth development
- [ ] Environment Conservation
- [ ] Other (Specify)

### What activities does our organization engage in and what is its role in these activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Directly implements activities</th>
<th>Provides financial support or coordinates implementation by others</th>
<th>Both implements and provides support/coordination</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery at community level</td>
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<tr>
<td>Advocacy at community level</td>
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</tr>
<tr>
<td>Advocacy at district, regional or national level</td>
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<tr>
<td>Capacity building and training</td>
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<tr>
<td>Fund raising/resource mobilization</td>
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BENEFITS OF MEMBERSHIP

Advocacy/Representation:
- Having a seat at senior policy making forums
- Having your voice heard through collective action and advocacy
- Having a platform to promote accountability as to maximize impact of government programs

Networking:
- Accessing CBOs and NGOs operating all across Uganda
- Sharing experiences and best practices with other members

Information sharing:
- Receiving regular technical updates
- Receiving information on available grants and calls for proposals
- Sharing your information with other network members
- Accessing opportunities for project partnerships, co-funding, jobs, etc.

Capacity building/training:
- Accessing training opportunities
- Accessing training resources and other materials online
- Finding support and assistance from the secretariat and other network members

MEMBERSHIP

MACIS membership is renewed annually and is valid from January to December. An initial non-refundable registration fee of UGX 25,000 is payable at time of registration for new members. Membership and registration fees can be conveniently paid by MTN Mobile Money or bank deposit. Please make any payment in the name of your organisation (not the individual). Once received, the secretariat will send you a receipt by email for your records.

MTN Mobile Money: 0782 474 654 (Please include withdrawal charges) Bank: Centenary Rural Development Bank Account name: Malaria and Childhood Illness NGO Account Number: 3010610177 Branch: Entebbe road

<table>
<thead>
<tr>
<th>Membership level</th>
<th>Fee</th>
<th>Tick appropriate membership level for your organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local member</td>
<td>US$30 or UGX 75,000</td>
<td>☐</td>
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<tr>
<td>Regional members (2-5 districts)</td>
<td>US$60 or UGX150,000</td>
<td>☐</td>
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<tr>
<td>National member (6+ districts)</td>
<td>US$120 or UGX 300,000</td>
<td>☐</td>
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<tr>
<td>International members</td>
<td>US$240 or UGX 600,000</td>
<td>☐</td>
</tr>
<tr>
<td>Associate members*</td>
<td>US$100 or UGX 250,000</td>
<td>☐</td>
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</table>

* These are organizations that do not qualify for full MACIS membership (e.g. because they are not a CBO/NGO) but would like to support the network and use its services.

The Uganda Red Cross Society Building, Block 8, Plot 551/555, Rubaga Road, P. O. Box 10663, Kampala, Uganda.
Email: macisuganda@gmail.com
Website: www.macisuganda.org
MEMBERSHIP TERMS AND CONDITIONS

By registering for MACIS membership, you commit to the following:

- Upholding the interests and values of the MACIS network
- Supporting implementation of the Ministry of Health recommended interventions
- Maintaining standards prescribed by WHO and MoH policies in programming
- Linking member activities with national health plans, monitoring frameworks and coordinating mechanisms
- Respecting people’s views and contributions put forward on MACIS’ various discussion forums online, in writing or in person
- Providing input and feedback in a respectful and constructive manner
- Using appropriate and respectful language when interacting with other members, whether online, in writing or in person
- Sharing important information, own experiences and lessons learnt with other members.

☐ I, ___________________________ (name) of ___________________________________________ (organization) consent to the above Terms and Conditions for the membership in the MACIS Network.

Signature: __________________________

Date: __________________________

DOCUMENT CHECKLIST

Please ensure that you attach the following documents when emailing your membership application

| Completed Membership Registration Form | ☐ |
| Scanned copy of your organization’s Certificate of Registration | ☐ |
| Proof of payment for registration fee | ☐ |

Please email the documents to admin@macisuganda.org or send them by hand through your respective Regional/District Node.