



Malaria and Childhood Illness NGO Secretariat

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 email, 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)

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



Malaria and Childhood Illness NGO Secretariat

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?

| Activity | Directly implements activities | Provides financial support or coordinates implementation by others | Both implements and provides support/coordination | N/A |
|--|--------------------------------|--|---|--------------------------|
| Service delivery at community level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advocacy at community level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advocacy at district, regional or national level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capacity building and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fund raising/resource mobilization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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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 for payment 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

| Membership level | Fee | Tick appropriate membership level for your organisation |
|---|------------------------|---|
| Local member | US\$30 or UGX 75,000 | <input type="checkbox"/> |
| Regional members (2-5 districts) | US\$60 or UGX150,000 | <input type="checkbox"/> |
| National member (6+ districts) | US\$120 or UGX 300,000 | <input type="checkbox"/> |
| International members | US\$240 or UGX 600,000 | <input type="checkbox"/> |
| Associate members* * 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. | US\$100 or UGX 250,000 | <input type="checkbox"/> |



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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 | <input type="checkbox"/> |
| Scanned copy of your organization's Certificate of Registration | <input type="checkbox"/> |
| Proof of payment for registration fee | <input type="checkbox"/> |

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