

| MEMBERSHIP APPLICATION FORM (institutional) | | | |
| --- | --- | --- | --- |
| Please tick (√) the boxes  | | | |
| Name of the Organization |  | | |
| Legal Status: | Date of Registration and Number:  dd/mm/yyyy:  Reg. Number:  Country of Registration: | | |
| Mailing Address: | No/Street:  City: | | |
| ZIP Code: | | Country: |
| Telephone (with country code) |  | | |
| Fax (with country code) |  | | |
| Email |  | | |
| Web |  | | |
| Contact Person and designation (all correspondence will be sent to this contact): | Dr/Mr/Mrs/Miss:  Designation:  Telephone No:  Email: | | |
| Area of work of the Organization: |  | | |
| Briefly describe (≈100 words) about organizational involvement in Monitoring and Evaluation, Impact Assessment, Development Research and other relevant areas and the period of involvement (years) |  | | |
| Proposed by[[1]](#footnote-1) | | Seconded by: | |
| Name of the Member: | | Name of the Member: | |
| **For Office Use:** | **Approved on:**  **Applicant Informed on:**  **Fee Received on:**  **Membership No:** | | |

Ver: Oct 2016

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO <**communityofevaluators@gmail.com>

1. In terms of the enrolment process, this application has to be proposed and seconded by current Members. The proposer and the seconder may send the recommendation by email to [communityofevaluators@gmail.com](mailto:communityofevaluators@gmail.com) citing the name of the applicant. [↑](#footnote-ref-1)