

| 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 citing the name of the applicant. [↑](#footnote-ref-1)