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| **IDA Membership** |
| **Application form**  |

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| March 2022 |

Please fill in this Application form and send it with all the attachments (Page 2) to:

membership@ida-secretariat.org

# General Information

##  Information of the organization

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| Full legal name of the organization  |  |
| Acronym |  |
| Official address |  |
| Address of Head Office |  |
| City  |  |
| Postcode |  |
| Country |  |
| Phone |  |
| E-mail |  |

## Legal and financials

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| Legal form |  |
| Registration No/Main Registration Number |  |
| Date of main registration |  |
| Name of domestic regulatory authority under which registration was done |  |
| Organisation Type (profit/non-profit) |  |
| Budget of last year |  |
| Status as a DPO (led by a person with disability, members are persons with disabilities) |  |
| Chief signatory of the Organization |  |
| Contact details of chief functionary |  |

## Vision and Mission

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| Vision |
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| Mission |
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## Number of regions

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| --- |
| Please put all the regions involved by your activities |
|  |

#  Attachments checklist

[ ]  Letter of interest and agreement to the purpose and principles of IDA

[ ]  Constitution of the association and its bylaws

[ ]  Proof of legal establishment (Registration certificate)

[ ]  List of members to fill in the Excel in Annex

[ ]  List of members of its governing body (Board Members) to fill in the Excel in Annex

[ ]  Financial statements and/or last financial audit of the organization if available

[ ]  If available, last year’s annual activity report

[ ]  Photocopy of Tax card

[ ]  Photocopy of any unique ID number of the DPO other than registration number (if applicable)

[ ]  Bank account details

[ ]  Policies related to safeguarding and management of malpractice and misconduct