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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](mailto: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 |
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# 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