



IDA Membership

Application form

March 2022

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

membership@ida-secretariat.org

1. General Information

1.1. Information of the organization

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

1.2. Legal and financials

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	

1.3. Vision and Mission

Vision
Mission

1.4. Number of regions

Please put all the regions involved by your activities

2. 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