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| **IDA Membership** |
| **Membership Demographics Form** |

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| May 2023 |

Please fill in this Membership Demographics form and send it with all the attachments (Page 3) to: membership@ida-secretariat.org

# Type of Membership

|  |  |
| --- | --- |
| Type of Membership (Full Member[[1]](#footnote-2), Observer Member[[2]](#footnote-3) or Associate Member[[3]](#footnote-4)) |  |
| Type of Organization (Global, Regional or National Umbrella Organization) |  |

# General Information

##  Information of the organization

|  |  |
| --- | --- |
| Full legal name of the organization  |  |
| Acronym |  |
| Official address |  |
| Address of Head Office |  |
| City  |  |
| Postcode |  |
| Country |  |
| Phone |  |
| E-mail |  |
| Website |  |
| Number of members[[4]](#footnote-5)  |  |

## Legal and financials

|  |  |
| --- | --- |
| Legal form (profit, non-profit or other to be specified) |  |
| Status as a DPO (led by a person with disability, members are persons with disabilities) |  |
| Registration No/Main Registration Number |  |
| Date of legal incorporation  |  |
| Name of domestic regulatory authority under which registration was done |  |
| Budget of last year |  |
| Name of President/Chairperson of the organization |  |
| Name of the Organization’s legal representative |  |
| Name of the organization contact person  |  |
| Date of last General Assembly |  |

## Vision and Mission

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| Vision |
|  |
| Mission |
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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 (Articles of Association)

[ ]  Proof of legal establishment (Registration certificate)

[ ]  List of member organizations 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

1. Full Members can be global or regional organizations of persons with disabilities. Their representatives in the IDA Board have the right to vote and be elected by Board members to participate in the governance of IDA. [↑](#footnote-ref-2)
2. Observer Members are global or regional organizations without the right to vote or participate in the governance of IDA. [↑](#footnote-ref-3)
3. Associate Members are national umbrella organizations of persons with disabilities representing the diversity of constituencies of persons with disabilities, whose mission and objectives are in line with the purposes and principles of IDA. These are members without voting rights and their representatives in the Board of IDA do not have the right nor responsibility to participate in the governance of IDA. [↑](#footnote-ref-4)
4. Please refer to the Excel “Annex Application Form” [↑](#footnote-ref-5)