

## **IDA Membership**

Membership Demographics Form

May 2023

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

### 1. Type of Membership

Type of Organization (Global, Regional or National Umbrella Or-	Type of Membership (Full Member <sup>1</sup> , Ob- server Member <sup>2</sup> or Associate Member <sup>3</sup> )	
National Umbrella Or-		
ganization)		

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<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Observer Members are global or regional organizations without the right to vote or participate in the governance of IDA.

<sup>&</sup>lt;sup>3</sup> 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.

# **2.General Information**

### 2.1. Information of the organization

Full legal name of the organization	
Acronym	
Official address	
Address of Head Of-	
fice	
City	
Postcode	
Country	
Phone	
E-mail	
Website	
Number of members <sup>4</sup>	

#### 2.2. Legal and financials

Legal form (profit, non-profit or other to be specified)	
Status as a DPO (led by a person with disa- bility, members are persons with disabili- ties)	
Registration No/Main Registration Number	

<sup>4</sup> Please refer to the Excel "Annex Application Form"



Date of legal incorpo- ration	
Name of domestic regulatory authority under which registra- tion was done	
Budget of last year	
Name of Presi- dent/Chairperson of the organization	
Name of the Organi- zation's legal repre- sentative	
Name of the organi- zation contact person	
Date of last General Assembly	

### 2.3. Vision and Mission

Vision
Mission



## 3. 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 An-
nex
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

