



MEMBERSHIP APPLICATION FORM

1) Complete this form and return to the Secretariat;

Physical Address: Marble Towers, 20th Floor, 208-212 Jeppe Street, Johannesburg, South Africa

Postal Address: P.O Box 31792 Braamfontein Johannesburg 2001

Email Address: info@cal.org.za

Telephone: (011) 403 0004/0114 Fax number: (011) 403-0175

2) Prepare and attach a letter of motivation including:

- a) Reasons for your interest in [CAL]
- b) Any skills material, time and other resources you can contribute to building the Coalition
- c) Your support for the content of the CAL Constitution

3) Attach a summary of your strategy and a copy of your recent narrative annual report

4) Complete and sign consent form attached.

Contact details

Physical Address		Postal Address	
Telephone land line		Mobile	
Fax		Email	
Web site			

3. Type of Organisation [Mark with x where applicable]

a) Lesbians	<input type="checkbox"/>	b) Feminist	<input type="checkbox"/>	c) Women	<input type="checkbox"/>	d) Gender	<input type="checkbox"/>
e) Human rights	<input type="checkbox"/>	f) LGBTI	<input type="checkbox"/>	g) All	<input type="checkbox"/>	h) Other (specify)	<input type="checkbox"/>

4. Organisational Members Only

Date of Establishment	Year:	Month:	Day:
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Purpose and Activities of Organisation:

Full Names of Applicant:

4. Country	

4.1. Names of appointed contact person	

5. Details of person completing this form

5.1. Full names

5.2 Position in Organisation

5.3 I/We endorsed the Constitution of the Coalition of African Lesbians

SIGNATURE:

DATE:

FOR OFFICE USE

6.1 Decision	a) Declined		b) Approved
6.2 Date membership became effective		Year: Month: Day:	
6.3 Outcome Note			
Name Of CAL Representative:			
Position in Organisation			
Signature: Date:			



CONSENT FORM

ORGANISATIONAL MEMBERS

1) TO BE COMPLETED BY ORGANISATIONAL MEMBERS ONLY

We, Give our consent to the secretariat of the Coalition of African Lesbians [CAL] to include the name of this organisation, in the Membership list for posting on the CAL website and for the circulation to donors and strategic Partners when necessary.

NAME IN FULL: _____ POSITION IN
ORGANISATION _____ SIGNATURE: _____ DATE:

INDIVIDUAL MEMBERS

2) TO BE COMPLETED BY INDIVIDUAL MEMBERS ONLY

I Give my consent to the secretariat of the Coalition of African Lesbians [CAL] to include my name,, in the Membership list for posting on the CAL website and for the circulation to donors and strategic Partners when necessary.

NAME IN FULL: _____ SIGNATURE: _____ DATE: _____