



MEMBERSHIP APPLICATION FORM

NAME OF ORGANISATION:.....

NAME OF COUNTRY REPRESENTATIVE/DIRECTOR:.....

NAME OF CONTACT PERSON:.....

ADDRESS IN CAMBODIA:

.....

TELEPHONE NUMBERS : *Fax:*.....

EMAIL : *Website:*

CCC BOX: *P.O. BOX :*

MAIN EDUCATION AND TRAINING PROGRAMS:

<i>PROGRAM</i>	<i>LOCATION</i>	<i>ANNUAL BUDGET (approx)</i>

MINISTRY DEPARTMENT CONTACTS :.....

.....

WE HEREWITH APPLY FOR MEMBERSHIP OF THE NGO EDUCATION PARTNERSHIP IN CAMBODIA, AND AGREE TO BE BOUND BY ITS CHARTER OF OPERATING PRINCIPLES AND PRACTICES.

SIGNED : DATE :.....

NAME : (COUNTRY REPRESENTATIVE/DIRECTOR)

APPROVED BY NEP BOARD:..... DATE:.....