**APWLD MEMBERSHIP APPLICATION FORM**

Please complete and answer all questions as best as you can and note that we will need the following additional documents as requirements of your application:

|  |  |
| --- | --- |
| If applying for an **organizational membership**, please also send the following: | If applying for an **individual membership**, please also send the following: |
| 1. A brief organisational profile  2. A letter from your organisation nominating the person who will represent your organisation to APWLD  3. Curriculum vitae and a copy of your passport details page of your nominated organisational representative  4. Endorsement from one of our [existing members](https://apwld.org/about-us/our-members/): | 1. A brief curriculum vitae  2. Copy of your passport details page  3. A brief organisational profile (if you are part of an organisation)  3. Endorsement from one of our [existing members](https://apwld.org/about-us/our-members/) |

I / We wish to apply for APWLD Member as:

* Organisatonal Member
* Individual Member

Name: …………………………………………………………………………………………………………………

Age: ……………………………………………………………………………………………………………………

Nationality: …………………………………………….. Passport Number: ………………………………..

Name of Organisation (if relevant): ………………………………………………………………………..

Address: ………………………………………………………………………………………...............

Postal Address (if different) ……………………………………………………………………………………

Phone: …………………………………………………… Fax: ……………………………………………………

Email: …………………………………………………… Website: ………………………………………………

Have you participated in an APWLD organisational or programme activity?

* Yes
* No

**(*This part is for organisational membership*)**

Kind of Organisation (pls tick): \_\_\_\_ local/national/regional group \_\_\_\_ network

If network: \_\_\_\_\_\_ no. of member organisations or local offices

Membership: \_\_\_\_\_\_\_ total \_\_\_\_\_\_ no. of female \_\_\_\_\_\_no. of male

No. of Staff: \_\_\_\_\_\_\_ total \_\_\_\_\_\_ no. of female \_\_\_\_\_\_no. of male

Partners: (not members but have working relationships with)



Do you consider yourself to be primarily an?

* Activist
* Lawyer
* Academic
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your area of expertise/interest, and if relevant the expertise of your organisation:

|  |  |  |
| --- | --- | --- |
| **Area of expertise/interest** | **Individual** | **Organisational** |
| Women's human rights |  |  |
| Women and globalisation |  |  |
| Women and fundamentalisms |  |  |
| Women and militarisation |  |  |
| Feminist Development Justice |  |  |
| Engaging international and regional mechanisms |  |  |
| Women's transformative leadership and political participation |  |  |
| Feminist Legal Practice |  |  |
| Women and climate justice |  |  |
| Women’s labour rights |  |  |
| Rural and indigenous women’s rights |  |  |
| Migrant women’s rights and domestic worker rights |  |  |
| Marginalised women (urban poor, disabilities, HIV/AIDs, etc.) |  |  |
| Feminist training and research |  |  |
| Violence against women |  |  |
| Women human rights defenders |  |  |
| Reproductive and sexuality rights of women |  |  |
| Other |  |  |

Do you share in APWLD’s purpose and goals (*see www.apwld.org*)?

How did you know about APWLD? Name the organization or individual that has nominated/recommended

you to be member?

Identify any APWLD activities/projects have you been involved in, in the last 12 months:



Signature: …………………………………………………………………

Date Completed: ………………………………………………………………………

**Please fax or email the completed form**

**With the Subject Line: “APWLD Membership Application” to**

**Marion Cabrera, Executive and Human Resource Officer,** [**marion@apwld.org**](mailto:marion@apwld.org)

**With the following documents:**

|  |  |
| --- | --- |
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