FAITH ACTION AND WORK SILC

ORGANIZATION/GROUP MEMBERSHIP REGISTRATION FORM

Faith Action and Work SILC (FAWS) Women Organization is a non-profit-making organization for and led by women, bringing together People Living with HIV (PLHIV) in all their diversities through support groups. FAWS was formed in 2007 and registered by the Department of Social Services under the Ministry of Gender and Children with registration No. NCC/SD/CBO/087. Over the years, FAWS has built its capacity, mentored communities, and led advocacy using a practical, experience-based approach, earning significant experience and a growing reputation as a local organization representing PLHIV in health advocacy and human rights issues. Guided by its vision of "Healthy Communities," FAWS seeks to empower Women Living with HIV and vulnerable communities through inclusive and sustainable development initiatives, strategic partnerships, advocacy, and capacity strengthening that improve quality of life

PLEASE PRINT CLEARLY IN BOLD LETTERS

We would like to join FAWS as a (please indicate which category of membership you are requesting):

Friend of FAWS ☐ Organization ☐

Name of organization/Group:

_____

Contact Person 1:_____

County _____ Sub-County _____

Organization goal:

_____

_____

Vision: _____

_____

Mission:

_____

_____

Organization objective(s)_____

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_____

_____

_____

Members age bracket: (tick where applicable)

(0-15) ☐ (15-25) ☐ (25-35) ☐ (35-45) ☐ (45-50) ☐ (Above 50) ☐

Are you a registered organization/group Yes ☐ No ☐

In which language would you like to receive information from FAWS?

English ☐ Kiswahili ☐ Other ☐ (other Specify)_____

Are you willing to allow FAWS to give your organization name to other relevant organizations so that you can also benefit from the services they may be offering (e.g. faith based organizations)? Yes ☐ No ☐

Would you like to become actively involved in FAWS? Yes ☐ No ☐

Would you like to speak as a FAWS member .

Yes ☐ No ☐

What languages do you speak? (Please indicate whether basic, conversational or fluent).

English Kiswahili ☐ Other ☐ (please specify) _____

Is there any information you would like to add?

_____

_____

_____

I, we wish to become a member(s) of FAWS

SIGNATURE: _____ DATE: _____

Please be assured that this information is treated as private and confidential.

MEMBERSHIP FEES ANNUALLY:

Kshs. 1000 Kshs. 10,000.00-Corporate

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