



**Council for Non Governmental Organisations in Malawi**  
**PO Box 2264, Lilongwe, Malawi**

Tel :0111 917 800/ 01759881/882; e-mail: congoma@gmail.com

**MEMBERSHIP FORM**

NGO NAME\_\_\_\_\_

NGO INITIALS, if used\_\_\_\_\_

NGO HQ ADDRESS\_\_\_\_\_

DATE FORMED\_\_\_\_\_

DATE APPROVED BY GOM\_\_\_\_\_

CHAIRPERSON NAME\_\_\_\_\_

PHONE\_\_\_\_\_

ADDRESS\_\_\_\_\_

CHIEF EXECUTIVE'S NAME\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**STATEMENT**

I hereby apply for membership of CONGOMA, which is the designated co-ordinating body for Non Governmental Organisations in Malawi. I understand that if accepted we will be notified of the relevant Membership Fee.

I pledge that the Organisation of which I am Chairperson will uphold the honour and integrity of the NGO community in Malawi and Further the Development of the people of Malawi.

Signed\_\_\_\_\_ Chairperson                      Date\_\_\_\_\_

**Please submit this application form to the above address together with the other registration requirements for either Malawian or International NGOs, whichever applies to you.**

## BRIEF CONCEPT FORM

### 1. PHYSICAL ADDRESS FOR OFFICES

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### 2. BRIEF BACKGROUND OF THE NGO

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### 3. MISSION STATEMENT

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### 4. VISION

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### 5. VALUES

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### 6. DISTRICTS WHERE ACTIVITIES ARE BEING/WILL BE IMPLEMENTED

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### 7. SECTORS OF OPERATION (E.G. HEALTH, EDUCATION ETC)

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### 8. OUTLINE ACTIVITIES TO BE IMPLEMENTED

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### 9. SOURCES OF FUNDING

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### 10. NUMBER OF EMPLOYEES/VOLUNTEERS

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