



www.alternativecare.or.ke . info@alternativecare.or.ke

### **MEMBERSHIP APPLICATION FORM**

*\*All questions are mandatory. Where the question does not apply, please indicate 'N/A' or 'None'.*

1. Name of Organisation (as per registration certificate):

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2. Other names by which organisation is known:

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3. Type of Registration currently held by organisation:

- NGO
- Community Based Organisation
- Self-Help Group
- Society
- Company
- Trust
- Other (Please specify)\_\_\_\_\_

*Please attach a copy of your registration certificate to this application.*

4. Does your organisation have registered branches in other countries?

- East Africa
- Pan Africa
- UK/Europe
- USA
- Other (Please specify)\_\_\_\_\_

5. Are you a member of other alliances, networks or coalitions?

If yes, please specify:

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6. Registered Address in Kenya

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7. Office Phone Number: \_\_\_\_\_

8. Office Email Address: \_\_\_\_\_

9. Name of contact person/key liaison for AFAFCC-K:  
\_\_\_\_\_

a. Title: \_\_\_\_\_

b. Email Address: \_\_\_\_\_

10. Organisation Website: \_\_\_\_\_

11. Organisation Social Media Handles

|           |  |
|-----------|--|
| Facebook  |  |
| Twitter   |  |
| Instagram |  |
| YouTube   |  |
| Other     |  |
| Other     |  |

*Please tick this box if we do not have permission to tag your organisation in AFAFCC-K media postings. Those who have granted permission will only be tagged in posts that are aligned with agreed key messages which will be circulated to you.*

12. Please state your organisation's core objectives/mission statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please highlight your organisation's current programme areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is your organisation involved in activities in the following areas? ***(Tick as appropriate)***

|  | Direct implementation | Funding | Research | Advocacy | Other |
|--|-----------------------|---------|----------|----------|-------|
| Alternative Family Based Care            |                       |         |          |          |       |
| Deinstitutionalisation and Reintegration |                       |         |          |          |       |
| Family Support and Strengthening         |                       |         |          |          |       |

15. Do you have any organisation policy briefs or statements on Alternative Care, Deinstitutionalisation or related topics?

- Yes
- No

*If yes, please attach a copy to this application.*

16. Please list the counties in which you are currently active:

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17. Does your organisation have a Child Protection/Safeguarding policy?

- Yes
- No

*Please attach a copy to this application.*

18. What motivated you to apply to join AFAFCC-K?

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19. How did you learn about the AFAFCC-K?

Word of mouth

Website

ACA-K activities

Professional networks

Other (please specify) \_\_\_\_\_

20. Is there a specific contribution you would like to make to AFAFCC-K?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please select the Thematic Working Group you would most like to participate in:

- Family Support and Strengthening
- Deinstitutionalisation and Reintegration
- Child Protection
- Advocacy
- Alternative Family Care

*Signed:*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Organisation Stamp: