

WATER AND SANITATION FORUM (WSF) OF CRDA

Membership Application Format

1. Name of the Organization _____
2. Year of establishment _____
3. Name of the Director /Manager _____
4. Location of the organization's Head Office: ■ Region _____
 ■ Zone: _____ ■ Woreda _____ ■ Town _____
5. Address:
 ■ Telephone Number(s) _____ ■ Fax number _____
 ■ e-mail _____ ■ P.O.Box. _____
7. Key program focus of the organization

8. Water, Sanitation and Hygiene– Related engagement primary and secondary focuses
 - a, _____
 - b, _____
 - c, _____
9. Geographic coverage of the operations of the organization:

10. Assigned focal person for WSF: ■ Full name: _____
 ■ Mobile Phone No: _____ ■ email address: _____
11. What are the key expectations of the organization from the Forum?

12. In what ways can the organization contribute to the Forum?

Name

Signature

Date

Notes: 1. The application shall be signed by the head of the organization or a representative & bear the organization's official stamp.

2. Please deliver the completed form to the Membership & Networking Development Department of CRDA together with a copy of the organization's registration license issued by the Ministry of Justice.

For further information please call 011 439 34 96 or email to ayichalimg@crdaethiopia.org