

National Association of Social Workers of Uganda (NASWU)



Empowering Individuals; Transforming Communities

C/O Youth Social Work Association P.O Box 28029, Ntinda Kisaasi Road, Kila
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e-mail:

ORGANISATION MEMBERSHIP APPLICATION / RENEWAL FORM

(Under Article 7 of the NASWU Constitution, 2001). Submit application with Membership fee, refundable if application is disapproved).

Fill / Tick as Appropriate

Date.....

(A). Organizational information

- I. Name of Organization.....
(Organization, attach Registration certificate. copy of Registration/Incorporation Certificate and Statement of Goal and Objectives)
- II. Mission.....
- III. Vision.....
- IV. Strategic Objectives
 - i.
 - ii.
 - iii.
 - iv.

E) Scope: Coverage International National District

Physical Address/ Head office Telephone.....E-mail

B) Membership Applied For:

1st Time subscription Renewal

C) Social Work, Staff

Staff Positions	Number of Trained Social Workers employed
Seniors Management	
Middle level management	
Field level staff/ Operations	

Applicant's Signature (I confirm above is true)

Official Use Only: (NEC Decision)

Approved Disallowed. Comment