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**Membership Application Form**

**Ref Number:** .....  
**Full Name:** ..... **Female/Male:** .....  
**Date of Birth (DD/MM/YYYY):** ...../...../.....  
**Physical Address:** ..... **Nationality:** .....  
**Telephone: Personal:** ..... **Next of Kin:** .....  
**E-mail (If you have):** .....

**Category of Membership:** (Please tick)  
Ordinary  Corporate  Associate

**Education Level:** (Please tick)  
 Secondary  University  Tertiary/Vocation Institution: Others Specify: .....

Which membership standard do you require? Volunteer  Member

If Volunteer, What would you like to volunteer in?  
 Community Outreach  Project Development  Administration  
 Orphan Care & Support  School Outreaches  Advocacy & Research  
 Training & Capacity Building  Sports  Organizational programs

Any other Special Aptitudes/Talents;  
.....

Do you have any chronic disease? If any, mention it  
.....

**Declaration**  
As a member/volunteer registered in Haven Anti-AIDS Foundation, I promise to work hand in hand with the organizations goals and objectives to involve and empower children and youth to fight against HIV/AIDS and its implications, illiteracy and alleviate Poverty by using my talents as a center of attraction and sensitization.

Applicants Signature: ..... Date: .....  
General Secretary: ..... Date: .....

**NB:** The organization serves the right to admission of membership. The membership fee is **20,000** Uganda Shillings and is paid once in a lifetime. Annual Subscription fees are **50,000/=**  
[For payments click here](#)