**ETHIOPIAN NATIONAL DISABILITY ACTION NETWORK (ENDAN)**

Membership Application Form

ENDAN is a network of Ethiopian Residents Charities and Foreign Charities who are working on the area of disability and thus accepts new membership applications from these two categories. ENDAN was re-reregistered as per the charities and Societies proclamation No.621/2009 as Ethiopian Resident and Foreign Charities Consortium on the 13th of February 2010. For this reason, ENDAN doesn’t accept membership applications of Ethiopian Societies and but only accepts from Ethiopian Resident and Foreign Charities. Those who apply for ENDAN membership should accept the vision, mission and objectives of the network stated here under. All pages of the application form should be stamped by the official Stamp of the applicant organization.

Therefore, ENDAN invites organizations working in the area of disability in Ethiopia to become a member of the network by filling this Application Form. Note that it is the board of ENDAN which is given the mandate to approve the membership application by the General Assembly.

**VISION**

ENDAN envisages to see a responsive, fostering and inclusive society whereby the needs of PWDs are fully and effectively met in all spheres of life in the country.

**MISSION**

To create a strong national network of organizations working on disability in Ethiopia, to reduce duplication of activities and the eventual miss utilization of resources, by developing a system of regular exchange of information and learning experience through which member organizations could establish strategic collaborations, systematically identify and fill gaps and gradually specialize on what they do best.

**OBJECTIVE**

* To exchange information and share experience among network members and non- members.
* To build the capacity of member organizations
* To create strong relations with non-member organizations
* To coordinate initiatives of common agenda(need-based common projects)
* To strengthen the collaboration of member organizations with government, donors and other development actors.
1. Name of the organization ----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Acronym (If any): ---------------------------------------------------------------------------

1. Place and Date of establishment: (both in the country of origin and in Ethiopia if it is a foreign charity) --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. Type of organization: (please Tick one):
* Ethiopian Resident Charity
* Foreign Charity
1. Organization Address
	1. Head Office (Ethiopian Head Office for Foreign Charities)
* Region--------------------------------------- Town -------------------------------
* Tel. ------------------------------------------- Fax ------------------------------
* E-mail ---------------------------------------- Website ---------------------------
* P.O.Box ---------------------------------
* Physical Address: ----------------------------------------------------------
	1. Regional Office (if there is any)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | REGION | TOWN | TEL | EMAIL |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. Please describe the mission, vision, focus areas and specific target groups of the organization for its intervention
	1. Mission -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
	2. Vision -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
	3. Objectives --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
	4. Focus areas & specific targets (if any) ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. Is your organization a donor organization or one that directly engages in implementation of activities or both -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------
3. Describe the organizational structure of the charity? ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. Please indicate the contacts person with full address ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
5. State all the current projects your organization implements in the country

|  |  |  |  |
| --- | --- | --- | --- |
| S.N. | Name of the project | Operational Area | Project period  |
| Region/Sub City | Town |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

1. Please indicate the total number and academic level of your employees (head office and regional office)

|  |  |
| --- | --- |
| Educational Level | Number of Staff |
|
| PHD Level |  |
| Masters Level |  |
| Bachelor Level  |  |
| Diploma Level |  |
| Less than Diploma |  |
| **Total Number** |  |

1. What are the key expectations of the organization from the network? --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. Describe what the organization will contribute for the network and member organizations as a strong member if the network accepts your application?

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1. If you are member to other network or consortium, please indicate? -------

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1. Announcement

Having accepted the vision, mission and objectives of ENDAN and this application form, --------------------------------------------------- (name of the organization) voluntarily agreeing to:-

* Be active member and work closely with ENDAN,
* Play membership fees,
* Share information with the network consistently

I am requesting that the organization, I represent, become a member of Ethiopian National Disability Action Network (ENDAN).

Name of the Applicant Organization : --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of the Representative: ---------------------------------------------

Title: -----------------------------------------

Signature: ------------------------------------

Date: -----------------------------------------

Please return this Form with to the ENDAN Office in front of sholla Market 100 meters at the end of the narrow asphalt road.

* A copy of your organization re-registration certificate
* The organization’s latest activity and financial report and external audit report
* Any other document which you think is relevant for ENDAN

If you have any question and need any further information, please do not hesitate to contact us either through +251 118-681203/251-911 028933 or write for us on

E-mail:-endanethiopia@gmil.com

Thank You