

NACOSS

National Coalition for Social Services

APPLICATION FOR MEMBERSHIP

1. Organisation's details

- a) Name of organisation:
- b) Postal address:
- c) Telephone number: Fax number:
- d) E Mail address:

2. Details of contact person

- a) Name:
- b) Position in organisation:
- c) Tel: Cell:
- d) Fax: E Mail:

3. Type of registration and reference number

Name type of registration, e.g. NPO, Section 21 Company, Trust, etc.

Give relevant registration number:

4. Main aims of organisation

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5. Affiliation

Is the organisation affiliated to a larger organisation?

If Yes, please provide name:

6. Geographic extent of services (including affiliates, branches, etc.)

Do your services extend to -

a) More than 1 province? **Yes** **No**

If yes, name the provinces:

NB: Please provide a list of your branches/ affiliates and their contact details

b) Throughout 1 province?
If yes, name the province

c) A region within 1 province?
If yes, describe the area

d) A specific local area? **Yes** **No**
If yes, name the city area or magisterial district(s)

7. Is the organisation committed to transformation in terms of its governance, personnel and beneficiaries of services?

8. Does the organisation have a transformation plan?

9. What are your expectations from becoming a member of NACOSS?

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10. Where / from whom did you hear about NACOSS?

11. Any other information or comments

Name

Date

Please return to: NACOSS Co-ordinator: Margaret Grobbelaar Tel: 012 807 7428
E Mail: info@nacoss.co.za