SWAKOPMUND YOUTH ORGANIZATIONS / GROUPS REGISTRATION FORM

Name of Organization : ----------

Type of Organization (cultural, political, religious etc.) ----------

Number of Registered Members : ----------

Registration with Relevant Authority: ----------

Date of Establishment : ----------

Location or Venue : ----------

Contact Person : ----------

Position : ----------

Contact Details : ----------

: Mobile _____

: E-mail _____

Principle, Aims and Objectives (a brief description of the essential and distinctive elements of organizations)

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Organization' s Main Programs and Activities

Membership Requirements:

Name, Phone and E-mail Address of other organization / group / individuals that could be contacted as reference:

(Please supply any relevant documentation e.g. constitution, programs, etc.)

Declaration

I declare that the above particulars are complete and I have not withheld any required information.

Name in Full _____

_____ _____

Signature Date

Note: A false declaration will disqualify your application.

For Official Use

☐ Accepted ---------- ----------

☐ Rejected **Signature** **Date**

Reason for rejection: