



CIVIL SOCIETY BUDGET ADVOCACY GROUP (CSBAG)

## INDIVIDUAL MEMBERSHIP FORM

<b>Individual Membership</b>
Name
Gender
New member/old member
Profession
Address
Tel Phone number
Mobile
Email
Area of Interest for the individual
Why does the organization/ do you want to be a member of the coalition?
i)
ii)
How will participation in the Civil Society Organization advance your work locally /regionally?
How long has the organization/have you been a member of the Civil Society Budget Advocacy Group?
Before signing this document, I have read, understand and hereby agree to the membership of CSBAG as defined on the back of this membership form. I will abide by the mission, vision and objectives of the Civil Society Budget Advocacy Group as set out in the Membership guidelines.
Signature.....
Date.....
Stamp

