



National Alliance
on Youth Development

National Alliance on Youth Development (NAYD) MEMBERSHIP APPLICATION FORM (MAF)

Basic Details of Organization

Full Name	
Abbreviation / Acronym/logo	
Date of Establishment	
District Where HO is Based	

Legal Status

Registration Authority / Law	
Registration Number	
Date of Registration	
Place of Registration (dist)	

Purpose of Existence

Vision / Goal	
Mission	
Objectives	

Details of Current Partners / Donors (any 3)

Full Name of Donor / Partner	District of Project

Details of Previous Partners / Donors (any 3)

Full Name of Donor / Partner	District of Project

Details of Memberships / Affiliations/certification with Other Networks / Forums:

Name of Network or Forum	Joining Date

Details of Current Staff:

Staff	Numbers
Female Staff (includes all types / categories of female staff)	
Male Staff (includes all types / categories of male staff)	
Total Staff	

Details of Financial Audits (last audits one or two)

Period of Audit	Name of Audit Firm

Details of Financial Audits (last audits one or two)

#	Category	
1	Youth Focused Organizations (work for the youth directly)	
2	Youth-led organizations (led by youth)	
3	Youth support organizations (Program benefits to youth)	
4	Associate Membership	

Details of Financial Audits (last audits one or two)

#	Category	Fee	Mode of Payment
	Regular Members	PKR 2000/Year	Cheque /Pay order /Cash
	Associate Members	KR 500/Year	Cheque /Pay order /Cash

Details of Governing Body /Board of Directors

#	Name of Member	Title

Details of Organization Offices (maximum 4 main offices):

#	Type of Office	District	Present Since
1	Head Office		
2			
3			
4			

Contact Focal Persons concerning NAYD/this Application (at least 2 male & female):

#	Name of Staff	Title / Designation	Cell Number	E-mail
1				
2				

Details of Organization Bank Accounts (at least 2 (1 from Head Office 1 from Project Office-optional) :

#	City	Bank	Account Title	Names of Signatories
1				
2				

Details of Organization Bank Accounts (at least 2 (1 from Head Office 1 from Project Office-optional) :

#	Name	NTN Number
1		
2		

Addresses & Contacts (Main Office / Head Office)

Type of Office	District
Mailing Address	
Phone (landline)	
Phone (Cell Number)	
Fax	
Email	
Website	

Declaration by the Organization:

I, the undersigned, being the person responsible in the organization, certify that: The information given in this application is correct.

The organization is agreed with NAYD, Mission, Vision, objectives, core values, TORs and by-laws.

Name: _____

Position: _____

Signature:/Stamp

Attachments:

- Letter of Interest on Letter Head
- Copy of Last one or two Audit Reports
- Copy of NTN Certificate
- Minutes of Last Board Meeting-optional
- Organizational Undertaking on ToRs, pay fees and nominate focal person.
- Complete NAYD membership form (stamped/signed)in Soft & Hard copy through email and also on following mentioned secretariat postal address
- Organizations original Registration certificate scanned copy (soft & hard)
- Organization contingency plan or disaster related progress reports
- Copy of CNIC, List of Members (at least 15) by Associate Members.
- Membership Fees will be accepted via cross cheque / pay order in the name of Civil Society Support Program (CSSP),



National Alliance on Youth Development NAYD

G-11/2, Street # 60, House # 687, Islamabad

Ph: 051-2364566 | www.nayd.org.pk