



**Council for Non Governmental Organisations in Malawi**  
**PO Box 480, Blantyre, Malawi**  
Tel/fax: 676 459; e-mail: [congoma@malawi.net](mailto:congoma@malawi.net)

### MEMBERSHIP FORM

NGO NAME \_\_\_\_\_

NGO INITIALS, if used \_\_\_\_\_

NGO HQ ADDRESS \_\_\_\_\_

DATE FORMED \_\_\_\_\_

DATE APPROVED BY GOM \_\_\_\_\_

CHAIRPERSON NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHIEF EXECUTIVE'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

### STATEMENT

I hereby apply for membership of CONGOMA, which is the designated co-ordinating body for Non Governmental Organisations in Malawi. I understand that if accepted we will be notified of the relevant Membership Fee.

I pledge that the Organisation of which I am Chairperson will uphold the honour and integrity of the NGO community in Malawi and Further the Development of the people of Malawi.

Signed \_\_\_\_\_ Chairperson      Date \_\_\_\_\_

Please submit this application form to the above address together with the other registration requirements for either Malawian or International NGOs, whichever applies to you.