



# AMFIU

## Application Form – Associate Members

Date of Application.....

### Basic Information

Institutions Name.....

Official Email address : .....

Physical Address: .....

District: .....

Town: .....

Postal address: .....

Phone: .....

Mobile.....

Contact Person:.....

Email Address.....

Phone Contact.....

Primary Area of Focus .....

Other Areas of interest

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### Type of Membership

### Dues

Institution <sup>1</sup>

Ushs 1,300,000

<sup>1</sup> Includes UGX 300,000 for one time off membership and UGX 1,000,000 annual subscription



**AMFIU**

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**PLEASE ATTACH:**

- 1. CERTIFICATE OF REGISTRATION**
- 2. ARTICLES AND MEMORANDUM OF ASSOCIATION**
- 3. LATEST AUDITED ACCOUNTS**
- 4. BROCHURE OR LATEST ANNUAL REPORT, IF AVAILABLE**
- 5. 2 RECOMMENDATION LETTERS**