



BOCAIP MEMBERSHIP APPLICATION FORM

I, the undersigned do hereby make an application for membership of BOCAIP, in the following category

1. MEMBERSHIP (please tick where applicable)

Membership category		Tick
1.1	Ordinary Member	
1.2	Honorary Membership	
1.3	Church/ Organisation Membership	

2. DETAILS OF APPLICANT:

2.1 Individual

2.2 Name _____

2.3 Designation _____

2.3 Physical Address _____

2.4 Postal Address _____

2.5 Telephone _____ Mobile (1) _____ Mobile (2) _____

2.6 Email (1) _____ Alternate Email (2) _____

3. WHAT MOTIVATED YOU TO JOIN BOCAIP?

4. COMMITTEES:

Please check the committee (s) you would like to serve in:

4.1 Resource Mobilisation Committee

4.2 Membership Committee

5. PLEASE PROVIDE NAMES OF TWO (2) PEOPLE WHO ARE ACTIVE MEMBERS OF BOCAIP AS YOUR REFEREES:

5.1 Name _____ Mobile _____
Email _____

5.2 Name _____ Mobile _____
Email _____

6. CODE OF CONDUCT:

By signing this application form, I agree to uphold and abide by the BOCAIP Constitution and Code of Conduct.

7. BENEFITS TO MEMBERS:

7.1 Personal fulfilment that you as a citizen of Botswana and as a Christian are contributing to ending HIV in Botswana through BOCAIP activities.

7.2 Attending conferences and seminars when BOCAIP finds opportunities.

7.3 Having the authority to make decisions about BOCAIP at the Annual General Meetings including voting powers.

8. DECLARATION:

The information provided in this application is correct and I hereby declare that I am **not** involved in any illegal activity.

Applicant Name _____

Signed _____

Date _____

9. SUBSCRIPTION FEES:

Membership fees	Amount
Individual Member	P120.00/year
Church/Organization Membership	P500.00/year

10. PAYING ACCOUNT:

Bank name: Standard Chartered Bank

Account name: BOCAIP National

Account number: 0100160189500

Account type: Current

PLEASE WRITE YOUR NAME AS A REFERENCE.

For Official Use Only

Date received	Membership applied for	Referee confirmation	Date approved	Receipt No.