



APPLICATION FORM FOR ASSOCIATE MEMBERS

1. NAME OF ASSOCIATION.....

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2. YEAR OF REGISTRATION.....

3. FULL ADDRESS.....

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TELEPHONE:.....

FAX.....

EMAIL.....

WEBSITE.....

4. OBJECTIVES OF ASSOCIATION

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10. How did you know about the PSFU?

- PSFU Brochures
- PSFU Website
- PSFU Newsletter
- PSFU Programmes/projects
- PSFU Workshop
- Personal contact
- Other (specify)

11. What do you expect to benefit as a member of PSFU

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12. What can you offer for the growth, development and sustainability of PSFU.

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Please attach a Board resolution seeking PSFU membership, certificate of Registration, Memorandum & Articles of Association, and forward completed form to:

**The Executive Director,
 Private Sector Foundation,
 Plot 43, Nakasero Hill Road,
 P. O. Box 7683,
 KAMPALA.
 Telephone: 230956/342163
 Fax: 256-41-259109
 E-mail: psfu@psfuganda.org
 Website <http://www.psfuganda.com>**

Date.....

*Thank you for your interest in the Private Sector Foundation
 Uganda.*