



INDIAN SOCIAL RESPONSIBILITY NETWORK
K - 13, First Floor, South Extension Part -2, New Delhi 110049
Website: www.isrn.in

APPLICATION FOR MEMBERSHIP
 (Only for Non Profit Organization/Civil Society)

Type of ISRN Membership: **Yearly** **Lifetime**

Name of Organization:			
Date of Establishment			
Address of principal office:			City
			Country
Telephone:	Country code:	City code:	Number:
Fax :	Country code:	City code :	Number:
E-mail:	Website:		
Purpose of Organization			
Legal Status of Organization	(eg. Foundation, Association, Non-profit Corporation, CBO, Network, Unincorporated Association)		Registration No.(if any)
Geographical Reach/ Districts of Operation	S. No.	State	District

Focal Area to which organization's competence and relevance pertain: <i>Please check one or more that applies to your organization and indicate years of experience in this sector.</i>			
<u>Focal area</u> <input type="checkbox"/> Education <input type="checkbox"/> Environment & Climate Change <input type="checkbox"/> Health, water & Sanitation <input type="checkbox"/> HIV & AIDS <input type="checkbox"/> Disaster Management	<u>Years of experience:</u> 	<input type="checkbox"/> Gender equality & women empowerment <input type="checkbox"/> Livelihood <input type="checkbox"/> Poverty alleviation <input type="checkbox"/> Disabilities <input type="checkbox"/> Child welfare <input type="checkbox"/> Others	<u>Years of experience:</u>
Organization Type (Please tick only one) <input type="checkbox"/> Non-Governmental Organization (NGO) <input type="checkbox"/> Indigenous Peoples Organization <input type="checkbox"/> Community Based Organization (CBO) <input type="checkbox"/> Academic or Research Institution <input type="checkbox"/> Other, please specify:		Geographic Scope <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Global	
Brief profile (maximum 10 lines) 			
List Members of governing body of your organization and their country of nationality: 			
Number of part time/full time/permanent executives/field workers in the organization. 			
Have you ever been involved in implementation of a CSR Project? If yes, please give the details. 			

Please describe your major achievements:	
Name and Contact Details of Head or Officer in Charge :	
Salutation (Mr/Ms/Dr) Name Title	Email Phone No.
Name and Official Title of Other Contact person (if any):	
Salutation (Mr/Ms/Dr) Name Title	Email Phone No.
Mode of membership fee: a) Cash <input type="checkbox"/> b) Cheque: <input type="checkbox"/> c) RTGS/NEFT: <input type="checkbox"/> Payment Details (Bank, Cheque no./ NEFT Ref no.):	Amount to be paid : For Annual membership: Rs. 1000/- <input type="checkbox"/> For Lifetime membership: Rs.5000/- <input type="checkbox"/>
Date of Submission:	Signature:

For official use

Name of ISRN Facilitator (person facilitating for membership):

Please submit (mail) your application to: **msservices@isrn.in** and deposit the membership fee as per given ISRN account details:

INDIAN SOCIAL RESPONSIBILITY NETWORK

A/C No. 510909010009908

City Union Bank Ltd.

BRANCH CODE: 102

IFSC CODE:: CIUB0000102

MICR CODE: 110054002

PAN No. AABTI1382G

You may choose any one mode of payment (**Cheque /Demand Draft/RTGS/NEFT/Net Banking**) for depositing of membership fee.

Please provide following information also by mailing scanned copy or send hard copy by post:

- a) *Legal Registration Certificate*
- b) *Copy of most recent Annual Report (or report on activities)*
- c) *Financial Statement (for most recent fiscal year)*
- d) *Optional Additional Information*(i.e. list of projects implemented, trainings and educational events organized, any other major achievements, etc.



ISARN