

PELUM Association –TANZANIA

Member Organisations' Profile Form

Background:

Name of your organization:

Type of your organization.....
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Type of Registration:.....

Registration Number:.....
(Please attach copy of Registration Certificate)

Name and contacts (phone, address, email) of a focal person responsible for PELUM-Tz issues (not necessary the contact person named in the application form):

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Referees: (organizations to verify your existence; i.e. District Council/PELUM Tanzania Member/Partner Org. etc):

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2.....
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3:.....
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Organization Profile:

Date established:

Geographical coverage:

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Mission:.....

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Strategies:

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Activities (What, where, when, how long?):

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Number of Beneficiaries/ Farmers Groups:

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Challenges / Constraints:

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Additional Information:

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