



APPLICATION FOR MEMBERSHIP

I, (Name of organization/Individual (full name of applicant)

.....of (address).....

(Area of interest/occupation).....

hereby apply to become a member of UAPA. In the event of my admission as a member, I agree to be bound by the rules of the Alliance for the time being in force.

.....

(Signature of Applicant)

Date:

Name of Organization representative.....

Designation.....

NOMINATORS.

I (full name),, a member of the Alliance, nominate the applicant, who is personally known to me, for membership to the Alliance.

.....

(Signature of Proposer)

Date:

.....

I (full name),, a member of the Alliance, nominate the applicant, who is personally known to me, for membership to the Alliance.

.....

(Signature of Seconder)

Date:

Please Note:

UAPA mission is to provide a platform for individuals and civil society organizations to influence policy and processes on regulation of alcohol production, distribution and consumption to prevent alcohol related harm among the Ugandan population.

Membership is open to any organization including non-governmental organizations, civil society, the private sector and individuals wishing to promote the objectives of the UAPA. Therefore, UAPA does not accept members who are receiving funding from the Alcohol Industry or who have any attachments to the Alcohol Industry. All members are vetted by the Executive Committee to ensure non- infiltration from the industry.

For organization membership, please attach a copy of your certificate/s of registration, constitution and profile.