**MEMBERSHIP APPLICATION**

**Name of Association**

Address:

Postal code, City and Country:

Tel with country code:

E-mail:

Web site:

**Name of Founder/ President:**

E-mail/Mobile: (with country code)

**Name of Contact person (if different)**

E-mail/Mobile: (with country code)

**Your Mission:**

**Date of creation:**

**Number of members:**

**Number of people impacted by your activities**

Direct beneficiaries:

Indirect beneficiaries:

**Source of financial resources:**

**Average annual budget over the past three years:**

**Your main areas of interest and operations**

**Advocacy for women □**

**Economy**

**-** Vocational training **□**

**-** Women‘s empowerment **□**

**-** Work life balance **□**

**Education**

**-** Literacy programs **□**

**-** Emotional and sexual education **□**

**-** Early childhood education **□**

**Health**

**-** Supporting pregnant women: advice and care **□**

**-** Prevention of early pregnancies **□**

**-** Early childhood development training **□**

**Legal support**

**-** Civic Rights **□**

**-** Social Rights **□**

**-** Women’s Rights **□**

**Peace**

**-** Action and education **□**

**-** Reducing violence against women **□**

**-** Resilience and conflict prevention **□**

**Social**

**-** Support to families **□**

**-** Assistance to vulnerable people **□**

**-** Care  **□**

**-** Fight against poverty and social exclusion **□**

**Other** (Please specify) **□**

**Please provide further details on causes defended and actions/impact achieved, plus current projects concerning mothers**

… 20 lines max

**Why are you applying for MMM membership?**

… 20 lines max

Please send us either via email or your website link, Constitution/byelaws of your association, list of your Board members (if available), latest AGM report, two latest Activity reports, two latest Financial reports.

According to our bylaws, our executive office and board of directors will review your application and the supporting documents at the next meeting. Upon approval, we will send you a Membership Commitment and Subscription form to sign, scan and return. By signing, your association expresses its agreement to conform to the MMM Mission, Vision and Commitment Charter. Your membership will become effective upon receipt of the signed form and your annual subscription 120 euros.

A two year review period will follow enabling both you and MMM to confirm that the established collaboration meets with our respective expectations.

**Make Mothers Matter (MMM) - 5 rue de l’Université 75007 Paris - France**

**E-mail : mmmi@makemothersmatter.org**