

ZAN HEALTH FOUNDATION

Membership Application Form

Registered NGO: Z0000231958

Committed to improving lives through Health and Nutrition, Disaster Preparedness and Response, Maternal and Child Health, and Environment and WASH

SECTION A: PERSONAL INFORMATION

Field	Response
Full Name	
Date of Birth	
Nationality	
National ID / Passport No.	
Phone Number	
Email Address	
Residential Address	
Occupation / Profession	
Education Level	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's+

SECTION B: MEMBERSHIP CATEGORY

- Individual Member
- Institutional/Organizational Member
- Youth Member (Age 18–35)
- Volunteer / Technical Advisor
- Honorary / Life Member (Board-Approved)

SECTION C: AREAS OF INTEREST

Please check the areas you are most interested in contributing to:

- Health and Nutrition
- Disaster Preparedness and Response
- Maternal and Child Health
- Environment and WASH (Water, Sanitation, and Hygiene)
- Research and Policy Advocacy
- Monitoring and Evaluation
- Community Outreach and Mobilization
- Fundraising and Resource Mobilization

SECTION D: MOTIVATION STATEMENT

Please briefly explain why you wish to join Zan Health Foundation and how you intend to contribute to its mission (150–200 words):

SECTION E: REFERENCES

Please provide contact information for **two (2)** professional or community references:

1. **Name:** _____
Phone: _____
Email: _____
Relationship: _____
2. **Name:** _____
Phone: _____
Email: _____
Relationship: _____

SECTION F: DECLARATION

- I hereby declare that the information provided in this form is true and complete to the best of my knowledge.
- I agree to uphold the values, Code of Conduct, and Constitution of Zan Health Foundation.
- I understand that membership is subject to approval and may be revoked upon breach of organizational policies.

Applicant's Signature: _____

Date: _____

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Item	Status/Date
Application Received	
Interview/Screening (if applicable)	
Approved by Board/Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership ID Assigned	
Membership Start Date	
Remarks	

Approved by:

Membership Committee Chairperson: _____

Date: _____