## H:\www.afla.org\images\afla_smalli.pngApplication Form for AFLA Affiliation

This form is to be completed only by Executive Director/ Board Chair of the Life Giving Center

The application fee is Free annual subscription is **US$40.00**.

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| --- | --- | --- | --- |
| **Communication Data** | Ministry Name | Trade Name | |
| Address: Street / No. | Mailing Address: Street / No. | |
| Address: ZIP-Code / City | Mailing Address: ZIP-Code / City | |
| Address: Country (State) | Mailing Address: Country (State) | |
| E-Mail Center:  E-Mail Director: | Web address | |
| Telephone Centre: | Telephone Director | |
| Foundation | Date of Foundation (Day / Month / Year) | Founded by (name and address of person / association) | |
| **SERVICES OFFERED BY YOUR CENTRE**  ❑ Pregnancy Testing  ❑ Pregnancy Crisis Counselling  ❑ Sexual Integrity Training  ❑ Peer Consulting  ❑ Baby Layette (Material Aid)  ❑ Maternity home  ❑ Ultrasound Scanning |
| **OTHER SERVICES OFFERED BY YOUR CENTRE**  ❑  ❑  ❑  ❑ | |
| Status | **KIND OF CENTRE**  ❑Registered as a Company  ❑Registered NGO / Society  ❑ Branch of a Local Church / Other : | **LEGAL STATUS OF CENTRE**  ❑ Religious organisation  ❑ Non-Profit Organisation  ❑ Independent  ❑ Others: | |
| **Affiliation** | ❑ Centre was formerly affiliated with (Name, Address of organisation): | | Until: |
| ❑ Centre is presently affiliated with (Name, Address of organisation): | | Since: |
|  | ❑ Centre is affiliated with **……………………………………………………………** (Name, Address): | | Since: |
| **Structure** | Form of Centre government: | Number of Directors: | |
| Number of Branches : | |
| Average number of Staff: | |
| Name and Address of Executive Director, Directors and Centre Officers: | | |
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***For Official Use Only:***

**Date Received**:............................................................

**Action taken**:...............................................................

**Status**: Affiliate or Non Affiliate

Annual Subscription Paid: Mark every year paid **(X)**

2022 2024

2023 2025

**BANK DETAILS WESTERN UNION DETAILS**

NAME: Ecobank Zambia Ltd Name: Niza John Simwinga

NAME OF BANK A/C: Association for Life of Africa Address: 33 Nsombo Street, Twibukishe

BANK A/C: 0040097502400001 Kitwe - ZAMBIA.

SWIFT CODE: ECOCZMLU Phone: +260966 153 894

BANK CODE: 30005