## 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**.

|  |  |  |
| --- | --- | --- |
| **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❑ NGO/Society Registration Number :❑ 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: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

***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: 5637500000364 Kitwe - ZAMBIA.

SWIFT CODE: ECOCZMLU Phone: +260966 153 894

BANK CODE: 30005