

## MEMBERSHIP APPLICATION FORM

**We wish to become a Member of AKMI**

**Organisation Name** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**City/Town:** \_\_\_\_\_, **District:** \_\_\_\_\_, **State:** \_\_\_\_\_ **Pin Code:** \_\_\_\_\_

**Phone:** (STD code) \_\_\_\_\_ (no.) I. \_\_\_\_\_ II. \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Name of the Chief Executive:** \_\_\_\_\_

**Organisation is registered under (Act)** \_\_\_\_\_

**and Registration No.:** is \_\_\_\_\_ **dated** \_\_\_\_/\_\_\_\_/\_\_\_\_

*(E.g. Society Registration Act, 1860, No. – P-23456 dated././....)*

**Legal Form of the Organisation:**

### Previous Relationship with AKMI

(How did you hear about AKMI or who referred you to us?)

**I. Attended Conference/Workshop/Training by AKMI**

<i>Name of the Conference / Workshop / Training</i>	<i>Month/Year</i>	<i>Place</i>

**2. Met AKMI representative(s) at conference/workshop/training programme not organised by AKMI**

<i>Name of the Event</i>	<i>Month/Year</i>	<i>Organised by</i>	<i>Place</i>	<i>AKMI representative</i>

**3. AKMI representative visited your organisation:**

<i>Name of AKMI representative</i>	<i>Month/Year of visit</i>

**4. Any Other (please specify) :**

\_\_\_\_\_

\_\_\_\_\_

**To know more about our Microfinance Programme**

1. **Year in which Microfinance activities started** \_\_\_\_\_

2. **Operating model of microfinance:**

Facilitating Groups and linking them to bank / providing training to Groups or NGOs / providing micro credit directly to Groups / Incorporated as NBFC / Network of NGOs

3. **Geographical area of operation:**

State (s) \_\_\_\_\_

District(s) \_\_\_\_\_

4. **Microfinance services being provided by organisation**

Savings mobilisation / Credit / Insurance /Other (Please specify) \_\_\_\_\_

5. **Number of poor being presently covered under microfinance activity** (nos :) \_\_\_\_\_ within which the number of women (nos :) \_\_\_\_\_

6. **Loan portfolio outstanding (as on March 31, 2007):** \_\_\_\_\_

7. **Number of personnel**

Organisation's total number of personnel: Nos. \_\_\_\_\_

Within the total, number of personnel

Working in Microfinance program: Nos. \_\_\_\_\_

8. **For the financial year ended March 2007:**

Amount of MF funds: Rs. \_\_\_\_\_

Annual expenditure on MF activities: Rs. \_\_\_\_\_

9. **Other major activities of the organisation (Mark ✓)**

Livelihood Support	<input type="checkbox"/>	Entrepreneurship Development	<input type="checkbox"/>	Health	<input type="checkbox"/>
Education	<input type="checkbox"/>	Natural Resource Management	<input type="checkbox"/>	Old Age support	<input type="checkbox"/>
Human rights		Marketing		Local governance	
Agriculture	<input type="checkbox"/>	Legal support	<input type="checkbox"/>	Any other (Please Specify)	<input type="checkbox"/>

10. **Collaborations / Linkages with other institutions like Donor, Bank, Block level government, other government departments, Development Institutions, NGOs or Networks.**

Name of the Collaborator

Description of the collaboration / linkage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration from the Applicant

I hereby certify that the information furnished in the application form is true to the best of my knowledge. On behalf of our organisation, I am authorised to, and hereby applying for the \_\_\_\_\_(Ordinary/Associate) Membership of AKMI. We understand and agree to abide by the rules (subject to change from time to time) and regulations of AKMI. We agree to pay the sum of Rs. \_\_\_\_\_ towards membership fee for one year, which is non-refundable (after approval of membership).

We nominate Mr./Ms. \_\_\_\_\_ working with us as (designation) \_\_\_\_\_ and Mr./Ms. \_\_\_\_\_ working with us as (designation) \_\_\_\_\_ as 'Empowered Representatives', who will participate in the meetings and other network business of AKMI on behalf of our organisation

*Signature of the Authorised official & Date* \_\_\_\_\_

*Name & Designation of Authorised Official* \_\_\_\_\_

*Signature of the Nominated official & Date* \_\_\_\_\_

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orgn.

## Note for the Applicant

Please enclose the followings with the application form (Please tick against whatever has been attached)

- a) Copy of the Registration Certificate of organisation-----
- b) List of Members of Trustees/Executive Committee -----
- c) Copy of the Byelaws of the organisation -----
- d) Latest Annual Report -----
- e) Audited Financial Statements (with disclosures) of last three financial years.

*AKMI will review the application and if required, we may also ask for additional information/documents/verification prior to approval of membership. Award of membership is sole discretion of AKMI. Membership is approved by Board/General Body of AKMI.*

**The Secretary, AKMI,  
Avalahalli, JP Nagar 9<sup>th</sup> Phase, Anjanapura Post, Bangalore – 560062  
Tel: 080-28436237 Fax: 28436577  
E-MAIL: akmi's@gmail.org Website: [www.akmi.org](http://www.akmi.org)**