

UHRN Membership application form

Membership Application Form for Uganda Harm Reduction Network (UHRN) Members

**Please note the application for membership applies to a group, organisation and all staff employed by that applicant.*

Member Profile:

Name of Group/Organisation:

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Our organisation wishes to register as a member from the following region in Uganda:

Central Northern Eastern Western

Email:

Telephone:

Website:

Name of Referee/Organization:

**Please note the reference letter from a reorganised operational Organization is a prerequisite for a complete UHRN membership Application.*

Is your group or organisation non-political and independent?

Yes No

Motivation to become a UHRN member *

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Please provide a precise (not >200 words,) bio and motivation to join UHRN. Briefly describe your Area of expertise, background (e.g. service provision, advocacy, drug policy, community mobilization etc.), target groups you are working with, recent accomplishments and any information you consider important to be shown in your profile.

I/We hereby confirm support for UHRN's mission *

UHRN’s mission is work to improve the health, human rights and socio-economic well-being of drug users by offering prevention and intervention services aimed at reducing the harms associated with drug use in Uganda.

I/We would like to join UHRN *

I/We agree for my/our contact details to be available to other registered UHRN members*

Your telephone and email address given in the "Contact details" section will be displayed.

I/We would like to sign up to UHRN's mailing list*

Please sign here.

Signature/ Name:

Date:

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(On behalf of the Group/organisation)