

## APCA MEMBERSHIP FORM



### Individual/Non-voting membership

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_ Place of Work \_\_\_\_\_

Position \_\_\_\_\_ Country \_\_\_\_\_

### Institutional membership

Name of Organisation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Country \_\_\_\_\_

Areas of Work \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To become a member please return the form to:

**The LRC Coordinator**

APCA, PO Box 72518, Kampala, Uganda

Tel: +256-414-266251, +256 31-264978

Email: [info@apca.co.ug](mailto:info@apca.co.ug)