



Request for membership form

Organization :	
Legal status :	
Date of creation :	
Representative's last name:	
First name:	
Post/profession :	
Adress of the organization:	
Zip code :	
Town :	
Country :	
Tel :	
Fax :	
E-mail :	
Website :	

Organization

Mandate and goals :

Kind of actions :

Composition of the board:

Membership of the organisation (salaried/volunteers):

Funding :

Publications :

Is your organization working in partnership with other Human rights or against the death penalty organizations? If yes, which ones?

Does your organization belong to any network? If yes, which ones?

Has your organization got consultative status with any international organizations? If yes, which ones?

