CCM
Eswatini Country Coordinating Mechanism

Membership Registration Form

(This form is to be filled in by an organization/ groups/ networks that wishes to be part of a specific constituency.

1 Constituency information

a. **Which constituency are you registering to represent? Please tick one**			
HIV Constituency (organizations of People Living With of affected by HIV)	☐	**TB Constituency** (People Living with or affected by TB)	☐
Malaria Constituency (organizations of People Living in malaria endemic areas or affected by Malaria)	☐	**Academia** (Institutions of higher learning)	☐
Non-Government Organizations (NGO) (Watchdog organizations, international and national organizations, charitable organizations and organizations representing Persons with Disabilities and others who are working in the three diseases.)	☐	**Faith-Based Organizations (FBO)** (Religious and faith-based organizations, which play a vital role in reaching communities infected and affected by the three diseases)	☐
Youth Constituency (Key Populations - Adolescents and young people organizations)	☐	**LGBTQI+ Constituency** (Key Populations - entities working with Men who have sex with Men, Transgender populations, etc)	☐
Sex Workers Constituency	☐	**Transport Operators Constituency**	☐
People Who Use/ Inject Drugs Constituency	☐	**Private Sector – Employer Federations**	☐
Private Sector -Employee Federations	☐		☐

2 Organizational information

a. List three key impact areas that your organization/group/ network has undertaken in the past two years to combat HIV, TB, or Malaria? *(Provide precise details/ reach/ impact/ coverage/ timeline)*

Activity	Timeline	Coverage	Impact

b. **Is your constituency an umbrella organization?** *If yes, list the organization's membership list below.*	**Yes** ☐	**No** ☐

c. What value-add do you bring to the CCM?

3 Organizational details

Name of Organization/ group/ network	Registration Number & TIN (where applicable)

Physical & Postal Address	Email, telephone

4 Focal Persons Contacts

Name of Contact 1	Title/Position

Address	Email, Contact numbers

Name of Contact 2	Title/Position

Address	Email, Contact numbers

5 Endorsement

For: Constituency use	For: Constituency use	For CCM use only
Submitted by:	Authorised by:	Received by:
Title:	Title:	Title:
Signature	Signature:	Signature:
Date:	Date:	Date:

6. Reference

Please provide at least two references for your organization/group. This may be a partner organization, Government structure, Inkhundla/ Umphakatsi structure, etc.

1. Name	
Position	
Nature of Relationship	
Contact Details	
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Position	
Nature of Relationship	
Contact Details	