



Membership – Application Form

From:

To:

Please fill the following application document requiring basic organizational information to complete your application to the Global Alliance.

PART 1

1. Information about your Organisation

Name of the Organisation:

Status:

Address:

Website link:

2. Are you applying to be:

A General Member

A Regional Affiliate

3. Information about your Focal Point

- Name - Focal Point:
- Job Title:
- Phone:
- Email:

4. Please mention below contact details of a representative of your Organisation to contact should the Focal Point be absent:

- Name:
- Job Title:
- Phone:
- Email:



**Global Alliance for
Disaster Risk Reduction & Resilience
in the Education Sector**

5. If your Organisation is also part of a regional network (i.e. LAC, APCSS), please mention below the contact details of the representatives

- Name:
- Job Title:
- Phone:
- Email:

6. What is your scope in terms of school safety?

7. In which country have you been working?

8. Have you been working with specific partners? If yes, please specify

9. Why are you interested in joining the Global Alliance?

10. How have you heard about the Global Alliance?

11. Comments



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PART 2

Statement of interest in becoming a General Member or a Regional Affiliate of the Alliance that states commitment to the Alliance's framework/vision/missions and designates a point of contact (max. one page)