Application for Affiliation to Child Online Africa (COA)

Name of Organization applying for affiliation……..

Date the Organization was established……

Date of Application……

Address Of Organization……

Contact telephone number (s)……

Email Address of Organization…….

Website Address (if available) ……

Name of the Head/Director of the Organization……

Number of employees……

Is the Organization legally registered?…….Yes/No

If yes, registration number?……and date registered……

What is your reason for making this application?……
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What is the Goal of the Organization?……

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What is the Organization's Vision……?

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What is the Organization's Mission……?

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How is the Organization's impact measured?

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State briefly how affiliation with COA will benefit the Organization……

Provide details of other partners with which the Organization is affiliated and the length of time of that association (If any)

1.……

2.……

3.……

4.…….

Through this affiliation, (name of your organization) will promote and support the interest of children and young people on the African continent to foster an Africa Fit for children and young people in the digital space'.

Signed…….. Date……..