

# GAVI Alliance Civil Society Constituency Membership Request Form

Date: \_\_\_\_\_

[Name of organisation] \_\_\_\_\_

Wishes to become a member of the GAVI Alliance civil society constituency and thereby agrees to:

- (1) actively promote the rights of women and children to immunisation through support to the GAVI Alliance mandate
- (2) support the GAVI Alliance Strategic Goals
- (3) engage with the broader GAVI CSO constituency to work on various immunisation-related policy, advocacy, programmes and other areas of work

\*Please review the GAVI Alliance CSO Membership Policy below

## GAVI Alliance CSO contact person:

\_\_\_\_\_  
Family Name                      Given Name(s)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

## Organisation Contact Information

\_\_\_\_\_  
Street                                      City                                      State                                      Country                                      Postal Code

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Website

CSO Headquarters' country: \_\_\_\_\_

Geographic Area of Operation: \_\_\_\_\_

Northern NGO / Southern NGO (please circle one)

Get involved today by subscribing to the GAVI Alliance CSOs email lists! Simply send a blank e-mail to:

[gavi-cso-constituency@googlegroups.com](mailto:gavi-cso-constituency@googlegroups.com)

Preferred language of correspondence (check one):  English     Français     Español     Other \_\_\_\_\_

May we include you in our online database?    Yes    No

Please sign and return this form in person or by email to:

[amy.dietterich@ifrc.org](mailto:amy.dietterich@ifrc.org)

## \*GAVI Alliance CSO Membership Policy:

*A GAVI Alliance CSO Member organisation is allowed to state that it is a member of the GAVI Alliance Civil Society Constituency; however, it may not state that it is an official representative of the GAVI Alliance. Individual members may endorse or take a position on GAVI Alliance policy and implementation issues, but not on behalf of the GAVI Alliance. If a GAVI Alliance CSO member wishes to form a national and/or regional GAVI Alliance CSO coalition, it must be done in conjunction with the GAVI Alliance CSO Steering Committee. You may not use the name GAVI Alliance Civil Society Constituency for the GAVI Alliance without express permission of the GAVI Alliance CSO Steering Committee.*

On behalf of \_\_\_\_\_ [Name of Organisation] \_\_\_\_\_ I have read and agree to the GAVI Alliance CSO Membership Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please turn over, more questions on the reverse*

**CSO Type (*tick as many as apply*):**

Non Government Organisation

Community-based group/partnership

Professional association

Academic/technical institution

Health network/coalition

Faith-based

If other, please specify \_\_\_\_\_

**Constituency (*tick as many as apply*):**

Immunisation

Maternal, Neonatal and Child Health (MNCH)

Health System Strengthening

If Other, please specify \_\_\_\_\_

**CSO involved with (*tick as many as apply*):**

Delivering immunisation or child health care packages in-country

Technically assisting in the design and implementation of immunisation or child health programs

Monitoring/evaluating immunisation or child health programs

Mobilizing communities to increase demand for immunisation or child health care

Advocating/lobbying for immunisation or child health care issues

Immunisation/child health rights-based organization

Undertaking operational research

Community systems strengthening to create demand for maternal & child health and immunisation

Health systems strengthening that will have positive impact on children's health and immunisation

Other, please specify \_\_\_\_\_

*Thank you for joining us, and welcome!*