

Mombasa Street  
P.O.BOX 4587, Zanzibar  
Email: [info@aiyedotz.org](mailto:info@aiyedotz.org)  
Website: [www.aiyedotz.org](http://www.aiyedotz.org)  
Tel: +255 658 538 646



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

## AIYEDO MEMBERSHIP REGISTRATION FORM

Passport size  
Picture

\*Use only CAPITAL LETTER to fill this form

☺ **Personal Details:**

First name  Middle name  Last name   
Gender: Male  Female  Date of birth: \_\_\_/\_\_\_/\_\_\_ (Date/Month/Year)  
Tel:  Email:   
Home address:

☺ **Close Contact Person**

Full name:   
Tel:  Relationship:

📖 **Educational Background:**

*What is your level of Education?* (Check  to the answer)

➤ University (Degree, Master, Doctorate)   
➤ A-Level (Form Six)   
➤ O-Level (Form Four)   
➤ Others  Please specify:

☺ **Social Media Accounts**

*Please provide social media accounts that you use:*

➤ Facebook:   
➤ Instagram:   
➤ Twitter:   
➤ LinkedIn:

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

<b>Organizational information:</b>	
Have you ever been a member of any organization/NGOs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", mention the name of those organizations	
Are you currently a member of any organization/NGOs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", mention the name of those organizations	
Why are you interested to be a member of AIYEDO?	

<b>Attachments:</b>	
<i>Please attach the following documents with this registration form</i> <span style="float: right;"><i>(Check <input checked="" type="checkbox"/> if you attach)</i></span>	
➤ Copy of your birth certificate	<input type="checkbox"/>
➤ Copy of ID (Passport, Zanzibar ID, Tanzania ID)	<input type="checkbox"/>
➤ Copy of your Curriculum Vitae (CV)	<input type="checkbox"/>

<b>DECLARATION STATEMENT</b> <span style="float: right;"><i>(To be filled by an Applicant)</i></span>	
I ..... <i>(Name of Applicant)</i> here by approve all the above information that I have filled up are true, and I accept all terms and regulation to be a legal member of AIYEDO.	
Applicant's Full Name:	Applicant's Signature:

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

<b>✍ TYPE OF MEMBERSHIP *FOR OFFICE USE ONLY*</b> (This part has to be filled by AIYEDO Supervisor, and not an Applicant)
What type of membership is the above applicant awarded? (Check ✓ the answer)
<p>➤ Honorable membership <input type="checkbox"/></p> <p>➤ Founder membership <input type="checkbox"/></p> <p>➤ Ordinary membership <input type="checkbox"/></p> <p>➤ Volunteer membership <input type="checkbox"/></p>

<b>✍ APPROVAL *FOR OFFICE USE ONLY*</b> (To be filled by AIYEDO Supervisor)
I .....(AIYEDO Supervisor's name) by the power given to me from AIYEDO, here by approve the above Applicant to be a legal member of AIYEDO starting from today ...../...../..... (Date/Month/Year).
AIYEDO Supervisor's Full Name: <input type="text"/>
Supervisor's Signature: <input type="text"/>

**NOTE:**

Completed filled form should be submitted to AIYEDO Office (during Office hours) for those Applicants who are in Unguja, or sent via email address:

[aiyedotz.org](mailto:aiyedotz.org) and for those who are in Pemba or outside of Tanzania.

All Registration forms should be submitted with the copy of bank slip which notify the non-refundable payment for registration (10,000 TZS) unless otherwise the form will not be reviewed.

**Bank Account:** Exim bank  
**Bank Account Name:** Aids Initiative  
**Bank Account No.:** 0150018697

Only successfully selected members will be notified.