

Membership Application

The following guidelines and criteria were reviewed and adopted in the Technical Seminar of the Alliance held in Kigali, Rwanda in 2000. Membership of the Alliance comprises of two categories: ordinary members and affiliate members.

Ordinary Members:

- Must be indigenous and tribal peoples organizations
- Must be representative of one or more indigenous peoples
- Must ratify the Charter of the International Alliance, its mission and objectives
- Must have the written endorsement of one of the regional members of the Alliance
- The Alliance places a strong focus on community-based organizations or indigenous peoples organizations. In recognition of the political conditions and constraints on organizations that exist in some regions autonomous indigenous peoples NGOs may also be permitted to become members in accordance with the prevailing political context.

Affiliate Members:

Affiliate on Honorary membership status may be granted to non-indigenous peoples organizations subject to the following conditions:

- Affiliate members must be organizations working directly with indigenous peoples and support respect for the rights of indigenous peoples
- Affiliate members must support the Charter of the International Alliance, its mission and objectives
- Affiliate members will not be entitled to vote or to hold office within the processes and structure of the International Alliance.

Those who are interested in being a membership of the Alliance, kindly fill in **the application form** and return it to the International Technical Secretariat or to the relevant regional coordinators. Your organization will be informed about its result within 30 days upon receipt of the application form.

Draft

International Alliance Membership Application Form

Date of submission (dd/mm/yyyy):

Type of membership:

Ordinary member Affiliate member

Information of your Organization:

Name of organization:

Mailing address:

Tel:

Fax:

E-mail:

Website:

Objectives:

1.

2.

Key priorities:

1.

2.

Name of Indigenous peoples your organization represents or works for:

Main contact person within your organization:

Which region does your organization belong to? Please tick in the box.

South Asia South East Asia Bahasa Pacific
 East Africa Central Africa West Africa
 Central America South America Other (specify)

My organization has read and understood thoroughly the membership criteria of the Alliance and has accepted all of its conditions.

Submitted by:

This section is used for the ITS and the Regional Offices

Date of receipt:

Comments from the regional co-ordinator and/or ICC members:

Date of reply: