CHS ALLIANCE ASSOCIATE MEMBERSHIP
APPLICATION FORM

**Section 1: About your organisation**

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| --- | --- |
| **Organisation name** |  |
| **Main address** |  |
| **Telephone** |  |
| **Website**  |  |
| **General email** |  |

**Section 2: Reason for membership application**

* 1. **What are your organisation’s main reasons for applying to be a member of the CHS Alliance?**

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* 1. **How did you hear about us?**

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|  |

**Section 3: Organisation contacts**

Please add the following key contacts to the table below:

* Chief Executive (or equivalent)
* One person to be the focal point for the CHS Alliance on issues relating to verification, governance (including voting) and membership administration.
* One person with responsibility for people management.
* One person with responsibility for quality and accountability
* One person with responsibility for protection against sexual exploitation and abuse

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| --- |
| **Chief Executive (or equivalent)** |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Direct telephone** |  |
| **Address (if different to main address)** |  |
| **Membership/Verification/Voting Contact** |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Direct telephone** |  |
| **Address (if different to main address)** |  |
| **People management contact (optional)** |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Direct telephone** |  |
| **Address (if different to main address)** |  |
| **Quality and accountability contact (optional)** |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Direct telephone** |  |
| **Address (if different to main address)** |  |
| **PSEA contact (optional)** |
| **First name** |  |
| **Surname** |  |
| **Job title** |  |
| **Email** |  |
| **Direct telephone** |  |
| **Address (if different to main address)** |  |

**Section 4:** **Eligibility criteria and requirements for organisations applying for associate membership of the CHS Alliance**

* 1. **An associate member of the CHS Alliance is an organisation or entity which does not meet the eligibility requirements for or requirements of full membership, but whose activities and management practices are consistent with and supportive of the vision, mission and objectives of the CHS Alliance. They can be donor agencies, United Nations agencies, National Disaster Management Agencies, Standards Bodies, development and human rights organisations, academic institutes, networks, among others.**

|  |  |
| --- | --- |
| Does your organisation meet this description?  | Yes [ ]  |
| What is the aim of your organisation?Please include your organisation’s vision and mission statements in this section if these exist. |  |
| Please give a brief description of your organisation’s activities.(50 – 100 words) |  |
| Please attach a high resolution logo for your organisation (in .eps, .ai or .svg format).).Have you attached the logo?*Once membership is confirmed this will appear on the CHS Alliance website.* | Yes [ ]  |

* 1. **An associate member of the CHS Alliance must be legally registered or recognised in the country where it has its headquarters.**

|  |  |
| --- | --- |
| Have you attached a copy of your organisation’s constitution, statutes of incorporation, articles of association or similar document? | Yes [ ]  |
| Under what governmental organisation is your organisation registered? |  |
| Please state the registration number (and expiry date if relevant). |  |
| Have you attached a copy of the registration document? | Yes [ ]  |
| Have you attached details of your organisation’s board of directors, trustees or equivalent? | Yes [ ]  |

* 1. **An associate member of the CHS Alliance is an organisation that makes no adverse distinction in its work on the basis of nationality, race, gender, diversity, religious belief, class or political opinion.**

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| --- | --- |
| Does your organisation meet this description? | Yes [ ]  |
| Does your organisation have a staff code of conduct that includes the prohibition of sexual exploitation and abuse by staff including permanent and temporary staff, volunteers, and consultants?If yes, have you attached this document? (Kindly note this is not a requirement of associate members, but please do attach a copy if you have one) | Yes [ ]  No [ ] Yes [ ]  |

* 1. **An associate member of the CHS Alliance must meet the requirements for financial accountability under the law in the country where it has its headquarters.**

|  |  |
| --- | --- |
| Does your organisation meet this description? | Yes [ ]  |
| Please give details of your organisation's annual income from your last audited accounts and the income band that is relevant for your organisation. These figures will be the basis for your organisation's future membership fees.  | Currency:Amount:Period: |
| Please choose the relevant income band for your organisation in Swiss Frances (CHF). This figure will be used for invoicing purposes.*Please see Appendix 3 below to calculate what annual fee will apply to your organisation* | Less than 1 million CHF 1 million – 5 million CHF 5 million -20 million CHF20 million – 50 million CHF 50 million – 150 million CHF More than 150 million CHF |
| Have you attached the two most recent annual reports and audited financial statements, including sources of income and current donors? | Yes [ ]  |
| Does your organisation commit to paying membership fees within eight weeks of receipt of annual invoice? | Yes [ ]  |

* 1. **An associate member of the CHS Alliance must have a documented organisational commitment to quality and accountability in its activities and management practices towards people and communities affected by disaster, conflict and poverty.**

|  |  |
| --- | --- |
| Does your organisation meet this description? | Yes [ ]  |
| Have you attached a copy of your organisation’s documented commitment? | Yes [ ]  |

* 1. **An associate member of the CHS Alliance must agree to cooperate with the CHS Alliance complaints mechanism, through which the CHS Alliance can receive complaints about member organisations. The policy and procedures for this mechanism are set out in the CHS Alliance Complaints Policy.**

|  |  |
| --- | --- |
| Does your organisation commit to cooperating with the CHS Alliance complaints mechanism? | Yes [ ]  |

**Section 5: References**

Organisations applying for associate membership must provide contact details for two references with one being a [CHS Alliance member organisation](http://chsalliance.org/membership/our-members). Please complete the table below with details.

|  |
| --- |
| **CHS Alliance member organisation** |
| Contact name |  |
| Job title |  |
| Organisation |  |
| Email  |  |
| Telephone |  |
| Address |  |
| How does this person know your organisation? |  |
| **Additional reference details** |
| Contact name |  |
| Job title |  |
| Organisation |  |
| Email  |  |
| Telephone |  |
| Address |  |
| How does this person know your organisation? |  |

**Section 6: Affirmation**

By submitting this form you are agreeing, on behalf of your organisation, to adhere to the rights and requirements of associate membership of the CHS Alliance (see appendix 2).

You also confirm that you are working to apply the [Core Humanitarian Standard on Quality and Accountability (CHS)](http://www.corehumanitarianstandard.org) in your work.

You also affirm that yours is an organisation involved in humanitarian aid, development and/or advocacy for the purpose of alleviating poverty or suffering and that your assistance is provided on the basis of need regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind.

**Signed …………………………………**

**Chief Executive (or equivalent)**

**Name**

**Date**

**Section 7: Application submission and approval**

**Submitting your application for membership**

Once completed please email this form and accompanying documents to info@chsalliance.org

**Approval process**

The CHS Alliance staff and member and nominations committee will review the application form prior to sharing with the CHS Alliance board for a final decision. The CHS Alliance will seek to approve all complete applications within three months of submission to the Secretariat.  Details of the [associate membership application approval process can be found on the website](http://chsalliance.org/membership/join-the-chs-alliance).

**Privacy**

Please note that details in section 1 (excluding employee details) may be shared in CHS Alliance communications. All other details will not be placed in the public domain.

**Appendix 1: Membership application checklist**

Please ensure you have attached the necessary documents to your application.

|  |  |
| --- | --- |
| **Document** | **Attached** |
| Statutes, constitution, statutes of incorporation, articles of association or similar document | [ ]  |
| Copy of organisation’s registration document | [ ]  |
| Copy of a documented organisational commitment to quality and accountability in its activities and management practices towards people and communities affected by disaster, conflict and poverty | [ ]  |
| Staff Code of Conduct that includes the prohibition of sexual exploitation and abuse by staff included permanent and temporary staff, volunteers, and consultants. (optional) | [ ]  |
| Two most recent annual reports and audited financial statements, including sources of income and current donors | [ ]  |
| Names of board of directors, trustees or equivalent  | [ ]  |
| Confirmation, via the application process, that the organisation or entity commits to the Core Humanitarian Standard on Quality and Accountability and good people management | [ ]  |
| Two references, one of which is from an existing CHS Alliance member | [ ]  |

**Appendix 2: Membership Rights and Requirements**

### What are the requirements for all associate members of the CHS Alliance?

* To nominate a CHS focal person as a key contact who can promote the use, application and monitoring of the CHS commitments in its organisation’s work.
* To pay membership fees within eight weeks of receipt of annual invoice.

### What are the rights of associate members of the CHS Alliance?

* Entitled to attend and speak at general meetings of the CHS Alliance.
* Entitled to nominate persons to stand for election to the board.
* May be co-opted on to the board if they are a quality and accountability initiative or a donor to an organisation whose core activities include humanitarian action.
* Entitled to participate in committees and working groups of CHS Alliance if invited.
* Entitled to lodge proposals for consideration at the general assembly.
* Entitled to preferential access to events and support services.
* Not entitled to vote at general meetings.
* Not eligible for election to the board of the CHS Alliance.

Appendix 3: Fee tables

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| --- | --- |
| CHS Alliance membership fee structure | Currency=Swiss francs (CHF) |
| **Member annual income** | **Standard rate** | **Reduced rate1** | **Minimum rate2** |
| Less than 1 million | 300 | 300 | 300 |
| 1-5 million | 1,800 | 900 | 300 |
| 5-20 million | 5,000 | 2,500 | 300 |
| 20-50 million | 8,750 | 4,375 | 300 |
| 50-150 million | 10,000 | 5,000 | 300 |
| More than 150 million | 12,500 | 6,250 | 300 |
| Global networks | 25,000 | Not applicable | Not applicable |
| 1. The **reduced rate** applies to:* full members headquartered in countries ranked as ‘Medium’ in UNDP’s Human Development Index (HDI);
* associate members with an annual income greater than CHF20 million.

2. The **minimum rate** applies to* full members headquartered in countries ranked as ‘Low’ in the HDI
* associate members with an annual income less than CHF20 million.
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