CHS ALLIANCE FULL MEMBERSHIP   
APPLICATION FORM

**Section 1: About your organisation**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What category best describes your organisation? | National organisation | International organisation | Global Network | Other:  Click here to enter text. |
| How do you implement your programmes (tick all that apply)? | Direct assistance | With partners | Advocacy | |
| What category best describes your mandate?  (tick all that apply) | Humanitarian | Development | Dual Mandate | |

**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

|  |  |
| --- | --- |
| **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 full members of the CHS Alliance

* 1. **A full member of the CHS Alliance must be an organisation whose core activities, or whose members core activities, work towards assisting and protecting vulnerable people and crisis-affected communities. They can be non-governmental organisations (NGO), NGO networks, global NGO secretariats, or NGO consortia.**

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| --- | --- |
| 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) |  |
| We request a high resolution logo from all new members (in .eps, .ai or .svg format).  Have you attached a high resolution logo?  *Once membership is confirmed this will appear on the CHS Alliance website.* | Yes |

* 1. **A full member of the CHS Alliance must be legally registered or recognised as a not for profit organisation in the country where it has its headquarters.**

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| --- | --- |
| Have you attached a copy of your organisation’s constitution, statutes of incorporation, articles of association or similar document? | Yes |
| Have you attached proof of your organisation’s non-governmental and non-profit legal status, for example, a certificate of charitable status? | 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. **A full 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?  Have you attached this document? | Yes  Yes |

* 1. **A full 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 Francs (CHF). This figure will be used for invoicing purposes.  *Please see Appendix 3 below to calculate what annual fee will apply to your organisation* | 0-500k CHF  Less than 1 million CHF  1 million – 5 million CHF  5 million -20 million CHF 20 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. **All new members of the CHS Alliance are required to complete a CHS Alignment Statement. This informs us of the actions taken to align with the nine commitments in the CHS. This statement must be renewed on an annual basis until the organisation has conducted a verification against the standard.**

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| --- | --- |
| Does your organisation commit to completing a CHS Alignment Statement? | Yes |

* 1. **By applying for full membership of the CHS Alliance, an organisation is expected to conduct a verification of its performance against the CHS, through one of the options offered in the verification scheme**

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| --- | --- |
| Are you familiar with the CHS verification scheme?  Does your organisation want more information on the verification scheme? | Yes  Yes |

* 1. **A full 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.**

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

**Section 5: References**

Organisations applying for full 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 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](mailto: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 [full 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 |  |
| Staff Code of Conduct that includes the prohibition of sexual exploitation and abuse by staff included permanent and temporary staff, volunteers, and consultants. |  |
| Proof of non-governmental and non-profit legal status |  |
| Completed CHS Alignment Statement |  |
| 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 full members of the CHS Alliance?

* To complete a CHS Alignment Statement and update it on an annual basis until the organisation completes a verification against the CHS.
* Once an organisation has completed a verification against the CHS, the requirement is to report to the CHS Alliance on the implementation of the improvement plan.
* To have a staff code of conduct that includes the prohibition of sexual exploitation and abuse by staff included permanent and temporary staff, volunteers, and consultants.
* To pay membership fees within eight weeks of receipt of annual invoice.

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

* Entitled to attend and speak at general meetings of the CHS Alliance.
* Entitled to vote at general meetings of the CHS Alliance.
* Eligible for election to the board of the CHS Alliance.
* Entitled to nominate persons to stand for election to the Board.
* Entitled to participate in committees and working groups of the CHS Alliance.
* Entitled to lodge proposals for consideration at the general assembly.
* Entitled to preferential access to events and support services, including on the verification processes run by the CHS Alliance.

Appendix 3

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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. | | | |