## 

## Civil Society Network of the Scaling Up Nutrition Movement (SUN CSN)

## Membership form

**Name of organisation:**

**Details and description of organisation:**

**Organisation website:**

**Organisation representative and contact details (name, physical address, email address, skype, telephone and fax):**

- Please tick this box if you are asking to join on behalf of the SUN Civil Society Alliance / Platform / Network in your SUN country □

**Type of membership**

- ***Member of the network*** (see below statement) □

- ***Friend of the network*** *(if you choose to be a friend of the network you do not need to complete the statement section)* □

**Statement**

By joining the SUN Civil Society Network, **NAME OF ORGANISATION** commits to (in no more than 200/300 words) – *Commitments should be expressed in terms of concrete actions (staff time dedicated, expertise provided, alignment at country level and what this looks like, translation of key documents, hosting language dialogues, etc…)*:

***\* Please confirm you have completed corresponding xls registration sheet and that this sheet is attached by ticking this box*** □

***\* Please confirm you are happy for the SUN CSN secretariat to manage your contact details and use for SUN CSN related efforts.***

□ Yes I am happy for SUN CSN to manage my organisation’s contact details and use for SUN CSN related efforts, including posting on SUN CSN web page.

□ Yes I am happy for SUN CSN to manage my organisation’s contact details and use for SUN CSN related efforts, but please consult me before posting on SUN CSN web page.

□ No, I would prefer the SUN CSN secretariat did not use for SUN CSN related efforts without prior notification.

***\*\* Please note that by becoming a member you also commit to reporting on the commitments and related efforts to the SUN CSN secretariat at least on a bi-annual basis, and more often if required.***

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation representative Name and Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of organisation representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return completed, validated and signed form by email to* [*sun.csnetwork@savethechildren.org.uk*](mailto:sun.csnetwork@savethechildren.org.uk)*.*