

MEMBERSHIP FORM



I. CONTACT INFORMATION

1. Name of Institution/Organization: _____
2. Name of Director/Manager/Chief Executive Officer:
Mr./Ms./Dr./Prof. _____
- 2.1. Sex: male female
- 2.2. Title/Designation: _____
3. Name of contact person:
Mr./Ms./Dr./Prof. _____
- 3.1. Sex: male female
- 3.2. Title/Designation: _____
4. Correspondence address:
Street or P.O. Box: _____
City and Postal Code: _____
Country: _____
5. Telephone No. (country code) – city code – telephone: _____
6. Fax (country code) – city code – telephone: _____
7. E-mail: _____ Web Site _____

II. INFORMATION ON THE INSTITUTION/ORGANIZATION

8. Please attach an organogramme of the institute/on.
9. What is the legal status of the institute organization? (Please check one)
 - a) Non-governmental foundation
 - b) Autonomous government organization
 - c) Government department
 - d) Other (Please specify) _____
10. How is the institute funded and what percentage of different sources in the total revenue
 - a) Foundation _____ %
 - b) Fees from training courses _____ %
 - c) Grants from national/provincial government _____ %
 - d) Membership fees _____ %
 - e) Other (Please specify) _____ %

11. What are the total revenue and expenditures?
 Total revenue _____ (local currency)
 Total expenditure _____ (local currency)
12. Please provide breakdown of expenses (in the past years):
- a) Personnel _____ %
 - b) Maintenance of facilities _____ %
 - c) Staff development _____ %
 - d) Research and development _____ %
 - e) Training _____ %
 - f) Other (Please specify) _____ %
13. What types of training facilities does the institute/organization have?
- a) Seminar room (only one)
 - b) Dormitories
 - c) Technical training workshops
 - d) Office automation/information technology
 - e) Others (Please specify) _____
14. How many employees are in your organization?
- a) Professionals/Trainers _____
 - b) Administrative staff _____
 - c) Other (Please specify) _____

III. PROGRAMME INFORMATION

15. What types or training programme does the institute/organization carry out?

Type of programme	Duration	Target group
a) Municipal finance and accounting		
b) Estate management and development		
c) Municipal administration and management		
d) Personnel/Human resources management		
e) Local government policy making		
f) Urban environmental management		
g) Solid waste management		
h) Water and waste water management		
i) Urban transport management		
j) Urban information systems including GIS		
k) Urban planning		

l) Disaster preparedness		
m) Fire fighting		
n) Community development		
o) Gender sensitization		
p) Other (specify):		
q) Other (specify):		
r) Other (specify):		

16. How does the institute/organization decide what training is needed?

- a) Needs assessment survey of local authorities
- b) Government Board decision
- c) Informal consultations
- d) Instruction from national/provincial government
- e) Other (Please specify) _____

17. What types of research has your institution/organization carried out on local government?

Title of research	Completed/ongoing	Are results/publication available in English?

18. Who decides what research to undertake?

- a) Needs assessment survey of local authorities
- b) Governing Board decision
- c) Informal consultations
- d) Instruction from national/provincial government
- e) Other (Please specify) _____

IV. NEEDS AND RESOURCES

19. In your view what are the five most crucial technical and financial needs of your institute/organization?

Technical needs	Financial needs
a)	a)
b)	b)
c)	c)
d)	d)
e)	e)

20. What types of technical and financial resources can you offer to other institutes?

Type of service: Advisory service Training Information	Subject:	All costs should be provided	Air travel and Local costs should be provided	Local costs should be provided	Will bear all costs

V. NETWORKING

21. Have you collaborated with other institutions/organizations/universities in implementing your programme? Please give examples of such collaboration.

22. Is your institution/organization part of a network of similar institutes/organizations?

No

Yes

If yes, how does your institute benefit from such collaboration?

23. My institution/organization applies for

Types	Membership fee	
a) Full Member	US\$ 1000 Per Year	<input type="checkbox"/>
b) Associate Member	US\$ 500 Per Year	<input type="checkbox"/>

24. Mode of payment:

Bank draft Number: _____

Swift Transfer Number: _____

Cashier check Number: _____

Date: _____

Signature: _____

Name: _____

Title/Designation _____

Official Seal: _____

25. Please attached last year FINANCIAL AUDIT REPORT of your institute.

Please fill this membership form and return with membership fee to:

LOGOTRI Secretariat

Urban Development Training Centre Complex

Bagar, Pokhara, Nepal

Tel. No: (977 61) 520146; 520098

Fax No: (977 61) 520282; 521080

E-mail: logotri@fewanet.com.np

Thank you