

Membership Application Form



ASIA * PACIFIC
NETWORK OF
SEX WORKERS

Organisation Details:

Name of the Organisation	
Country	
Postal Address (for mail)	
Office Address (if different from mail address)	
Telephone Number	
Fax Number	
E-mail address	
Website	
Contact person (name and title) regarding this application	

History/Background of the Applicant Organisation:

Founded in (give year)	
Registration Number (if applicable)	

membership@apnsw.info

Asia Pacific Network of Sex Workers 75/12 Ocean Tower II, 15th Fl., Sukhumvit 19, Klong Toey Nua, Wattana, Bangkok, Thailand. Tel : +66 2 2597488-9 Fax : +66 2 2597487

<p>Type of Organisation (select one):</p>	<p><input type="checkbox"/> National sex workers network</p> <p><input type="checkbox"/> Sex workers organisation, co-operative, union or collective.</p> <p><input type="checkbox"/> Non-government organisation that provide advocacy, rights based health and welfare services to sex workers.</p> <p><input type="checkbox"/> Other - please explain:</p>
<p>Other Affiliations</p>	
<p>Mission Statement</p>	
<p>Describe in brief the activities of the organisation in relation to sex workers health and rights (less than 150 words)</p>	

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Memberships Entitlement

Membership of APNSW entitlement members to:

- Participate in the APNSW email list (listserv)
- Contribute to APNSW collaborative website
- Have a section about themselves on the APNSW website (optional)
- Participate in APNSW events and campaigns
- Stand for election to the APNSW Management Committee
- Elect the members of the APNSW Management Committee.
- Stand for election as regional representative to the Global Network of Sex Work Projects.

Declaration

We confirm that:

- We have read and agree with the APNSW vision, mission and goals.
- The organisation promotes sex workers rights in our country consistent with the APNSW mission.
- We have read and agree to uphold the APNSW rules, guidelines and code of conduct.
- We commit to work collaboratively with other APNSW members to further APNSW aims.
- (*name of contact person*) is our representative in the APNSW until the date 12 months after membership is registered. We commit to providing our representative with the inputs and feedback they need to effectively represent the views of our organisation within the APNSW.
- We wish to receive a list of the names of candidates for the APNSW Management Committee and vote for its members.

Checklist (Attach the following)

1. Scanned copies of the organisation's:
 - a. Registration
 - b. Constitution and By-Laws
2. A complete list, by name and title of all Executive Committee members or Board of Directors and individual contact details.
3. History of programmes and services for sex workers, stating geographical locations and programme reach.
4. Most recent annual report (if available).
5. A statement from an Executive Committee Member, Director or Senior Administrative Officer of the organisation, expressing the organisation's intent to be become a member of APNSW

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Referee (if above documents are not available)

In absence of all the documents listed above, we submit the name and contact details of our reference person/organisation.

Name:
Email:
Phone:

Signature

On behalf of [NAME OF ORGANISATION]

Name:

Position:

Date:

Signature:

Thank you for formally joining the APNSW!

If you have any questions about the application process please contact us. We will contact you soon to provide a certificate of membership, APNSW materials and a copy of the APNSW organisational manual.

This form can be completed in pen and posted to the address below, or completed on computer and submitted by email to membership@apnsw.info

If emailing, please print, sign and scan this page and attach it to your email submission.

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