

## WWSOSA Membership Form

Are you joining /a member of WWSOSA as a ...

(You can choose more than one option –by marking them with an x)

Membership Option	
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Representative of an Organisation
<input type="checkbox"/>	Survivor Champion
<input type="checkbox"/>	Survivor of Sexual or Gender based Violence
<input type="checkbox"/>	Technical Partner
<input type="checkbox"/>	Participant in the Faith in Action against GBV Collective

**Personal Information, whether you are an individual member or an organisational representative.**

Fields with a red \* are required information.

### Your Contact Details

**Your Title** (mark with an x)

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Past	<input type="checkbox"/>	Fr	<input type="checkbox"/>	Rev
<input type="checkbox"/>	Ms	<input type="checkbox"/>	Ds	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Bishop	<input type="checkbox"/>	

### Your Name

First name * (The name you are called by)	
Middle name	
Last name * (Your last name / Surname)	

### Your E-mail

Your <b>Primary E-mail</b> (Write "none" if you do not have an e-mail address)	
Your <b>Secondary E-mail</b> (Write "none" if you do not have an e-mail address)	

Province / State	
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By accepting I/We agree that my information may be used only for WWSOSA or "Faith Action Against GBV" information sharing and newsletters. My information will not be used in any other way. If I submit this information as individual or organisational member: - I (as individual)/We (as organisation) recognise the WWSOSA values, endorse the positions set out in the membership document & commit to play an active role in the coalition. - I/We hereby acknowledge and accept that in the event of being recorded in any way by WWSOSA or Faith Action against GBV, I/We: - Allow WWSOSA or Faith Action against GBV to use the photograph/film/audio recording/interview at its discretion; - Do not hold any rights to it, and I/We will receive no remuneration for the photograph/film/recording/interview, nor have editing rights over it.

<input type="checkbox"/>	Accept
<input type="checkbox"/>	Decline

### Please Add More Information

The information you shared is the minimum we need in order to share information with you. However, one of the challenges we experience when dealing with sexual- and gender-based violence is that we do not know who is doing what, and where! This often means that we work in isolation and reinvent the wheel - reducing our impact.

As faith-based organisations it would be very helpful if we could know what others are doing so that we are able to collaborate and refer those in need to the correct organisation. We might even need partners for shared proposals or responses to challenges. In order to do this, we need a more comprehensive database.

We would really value it if you can share more information in the sections below.

- the first section gives a bit more information about you
- if you represent an organisation, the second section provides more organisational information.
- The third section provides info about the focus areas and services you or the organisation provide.

Completing the forms will be quite quick, but very helpful!

#### Additional Personal Details (Optional)

This information is optional but very helpful!

#### With which sex do you identify?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Intersex	<input type="checkbox"/>	Prefer not to say
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#### Your Address

Building / Unit name	
Street name and number	
Suburb	
Province / State	
Country	
Postal Code	

#### Phone Number where you can be contacted (Include country and area code)

	Country code	Area code	Telephone number
Telephone Number			
Cell phone Number			

#### Your Faith / Religion

<input type="checkbox"/>	None
<input type="checkbox"/>	African Indigenous
<input type="checkbox"/>	B'hai

<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Other (Please Indicate)

Do you identify as a Faith Leader? (Are you in any leadership position in your church?)

<input type="checkbox"/>	Ordained leader (Priest, Reverend, pastor, Minister)
<input type="checkbox"/>	Lay Leader (not formally ordained as minister)
<input type="checkbox"/>	Youth leader
<input type="checkbox"/>	Women's ministry leader
<input type="checkbox"/>	Men's ministry leader
<input type="checkbox"/>	Children's ministry
<input type="checkbox"/>	Service or Outreach Ministry
<input type="checkbox"/>	Other (Please Indicate)
<input type="checkbox"/>	

### Organisational Details

Complete only for organisational membership (Type none if only individual membership)

Organisation name	
Organisation Website	

### Are you the Contact Person?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you are not the organisation's official representative, or if communication should also be sent to an alternate contact person, please add details of the correct contact person

### Contact Title (mark with an x)

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Past	<input type="checkbox"/>	Fr	<input type="checkbox"/>	Rev
<input type="checkbox"/>	Ms	<input type="checkbox"/>	Ds	<input type="checkbox"/>	Prof	<input type="checkbox"/>	Bishop	<input type="checkbox"/>	

### Contact Name

First name * (The name they are called by)	
Middle name	
Last name * (Their last name / Surname)	

### Contact Primary E-mail

Primary E-mail (Write "none" if you do not have an e-mail address)	
Secondary E-mail (Write "none" if you do not have an e-mail address)	

### Organisational Address

Building / Unit name	
Street name and number	

Suburb	
Province / State	
Country	
Postal Code	

**Phone Number** where the organisation can be contacted (Include country and area code)

	Country code	Area code	Telephone number
Telephone Number			
Cell phone Number			

**Additional Information** about Services you or the Organisational Provide

**Type of organisation** (more than one choice possible)

<input type="checkbox"/>	Academic Organisation	<input type="checkbox"/>	Faith Community / Church
<input type="checkbox"/>	Community-Based Organisation	<input type="checkbox"/>	For-profit Company
<input type="checkbox"/>	Community Group	<input type="checkbox"/>	Network or Coalition
<input type="checkbox"/>	Community Movement	<input type="checkbox"/>	Non-Profit Company
<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Non-Profit Organisation
<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Support Group
<input type="checkbox"/>	Faith-Based Organisation	<input type="checkbox"/>	Trust / Foundation

**Primary focus of Organisation** (more than one choice possible)

<input type="checkbox"/>	Climate Justice	<input type="checkbox"/>	Health Justice
<input type="checkbox"/>	Economic Justice	<input type="checkbox"/>	Religious worship / Teaching / Fellowship
<input type="checkbox"/>	Environmental Justice	<input type="checkbox"/>	Social Justice
<input type="checkbox"/>	Gender Justice	<input type="checkbox"/>	Other – Please indicate below

**Areas where you or the organisation work:**

<input type="checkbox"/>	International	<input type="checkbox"/>	Regional	<input type="checkbox"/>	National	<input type="checkbox"/>	Local Community
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**If local community or provincial**, please select. (more than one option possible)

<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>	KZN	<input type="checkbox"/>	North West
<input type="checkbox"/>	Free State	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>	Northern Cape
<input type="checkbox"/>	Gauteng	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>	Western Cape

**Services focusing specifically on GENDER or gender based violence** provided by you or organisation

<input type="checkbox"/>	Awareness Raising	<input type="checkbox"/>	Material Relief – Food, clothes etc
<input type="checkbox"/>	Campaigns / Advocacy / Lobbying	<input type="checkbox"/>	Networking
<input type="checkbox"/>	Capacity Building / Training	<input type="checkbox"/>	One-Stop Trauma Centre
<input type="checkbox"/>	Child Abuse Services	<input type="checkbox"/>	Perpetrator Services – Counselling
<input type="checkbox"/>	Community Mobilisation	<input type="checkbox"/>	Prevention
<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Process Facilitation
<input type="checkbox"/>	Court Support Services	<input type="checkbox"/>	Providing Shelter for Abused Women and / or children

	Creating platforms for community dialogues
	Faith Leader Training
	Gender Analysis
	Knowledge Dissemination
	Legal Support
	Lobbying
	LGBTI (Lesbian / Gay / Bi-sexual / Trans-gender and Inter-sex) Support

	Rape Care (First Response)
	Research
	Resource Material Development
	Social Media
	Street Connected Children / Youth / Adults
	Survivor Advocacy
	Support groups

**By submitting this information:**

I (as individual) / We (as organisation) recognise the WWSOSA values, endorse the positions set out in the membership document & commit to play an active role in the coalition.

- I (as individual) / We (as organisation) hereby acknowledge and accept that in the event of being recorded in any way by WWSOSA, I / We:

- Allow WWSOSA to use the photograph/film/audio recording/interview at its discretion;
- Do not hold any rights to it and accept that I / We will receive no remuneration for the photograph/film/recording/interview as taken by WWSOSA, nor will I have editing rights over it.

Name	Signed	Place	Date