

NGO Registration Form Online

Personal Information:

- Applicant's Full Name: _____
- Email Address: _____
- Phone Number: _____
- Preferred Mode of Contact:
 - Email
 - Phone

NGO Information:

- Name of NGO: _____
- Website (if any): _____
- Field of Operation:
 - Health
 - Education
 - Women Empowerment
 - Child Welfare
 - Other: _____

Membership Fees:

- One-time Registration Fee: _____
- Annual Subscription: _____

Table for Additional Information:

Field of Activity	Target Audience	Projects Completed	Future Plans

I accept the terms and conditions of NGO registration.

Signatures:

- **Applicant Signature:** _____
- **Date:** _____