

# Membership Form

## Associate institutional members: “Associate Centers”



*Organizations who wish to join EMNYTP are required to complete this form and send it to:  
[emnytp@youth-trafficking.net](mailto:emnytp@youth-trafficking.net)*

### 1. Organization details

Name			
Name of Building			
Address			
	Town/City		
Country		Post Code	
Telephone		Fax	
Website		E-mail	

### 2. Contact (details of person who would be the main contact between your organisation and EMNYTP)

FIRST Name		LAST Name	
Position			
Home Telephone		Mobile	
Fax		E-mail	

### 3. Activities (Your organisation’s main area of working – max. 5 areas)

<b>Seminars</b>	<input type="checkbox"/>	<b>Conferences</b>	<input type="checkbox"/>	Workshops	<input type="checkbox"/>
Study Sessions	<input type="checkbox"/>	<b>Training courses</b>	<input type="checkbox"/>	Support/counselling	<input type="checkbox"/>
Public events	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Counselling	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>				

### 4. Areas of interest (Your organisation’s main area of interest - max. 5 areas)

Youth		Citizenship		Gender and Sexuality
Children		Religion studies		Minority issues
Multiculturalism		Environment		Trafficking
Human Rights Education		Disability		Migration
Politics		Other, please specify:		

### 5. Structure (Briefly describe the governing elements of the network and the membership types you offer)

**6. Projects Realized** (Please list 3 directly or indirectly relevant to human rights education projects that your organisation realized)

1.
2.
3.

**7. Sources of Funding**

European	<input type="checkbox"/>	Local government	<input type="checkbox"/>	Local/regional non-governmental	<input type="checkbox"/>
<b>Own activities</b>	<input type="checkbox"/>	Regional government	<input type="checkbox"/>	National non-governmental	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	National government	Other, please specify		

**9. Target groups:** (What are the groups that you work with and for?)

1.
2.
3.

**11. Goals** (What are your organisation's 3 most important goals for the next 12 months?)

1.
2.
3.

**12. How can your organisation provide co-operation or assistance to other EMNYTP Members or sub-networks? If so, how do you envision it?**

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**13. What are your needs and expectations of becoming an EMNYTP member?**

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**14. How do envision the most appropriate your activities on youth trafficking prevention in your region?**

**Conditions:**

	Yes	No
We allow EMNYTP to retain our information on EMNYTP`s database	<input type="checkbox"/>	<input type="checkbox"/>
We authorize EMNYTP to share our information with relevant parties	<input type="checkbox"/>	<input type="checkbox"/>
We are aware that all activities within the Network are done on a volunteer basis and we can`t make any profit from our participation.	<input type="checkbox"/>	<input type="checkbox"/>
We support the ideas of EMNYTP and are committed to work at least 3 years for youth trafficking prevention in our region.	<input type="checkbox"/>	<input type="checkbox"/>

**Checklist for appendixes required:**

List of referee-organizations that can provide a feedback on your work in the community (please include addresses and contact persons).

**I, thee undersigned, declare that the information given above is correct to the best of my knowledge**

<b>Name:</b>	<b>Signed:</b>	<b>Date:</b>
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**For office use only**

Date Received:		Received by	
Decision	Approved	Declined	Date:
Reason for Decision:			
Main EMNYTP Contact Person			

