

**Membership Institutions of Disabilities**

1. **Name of the Institutions ----------------------------------------------**
2. The type of association \* *Mark only one oval.*

Government

Private sector

Non-governmental Other:

1. Date of Establishment? \*

*Example: January 7, 2019*

1. Country/city name? \*
2. The Scope of work of the institution?
3. The Name of the head of the institution? \*
4. Please attach the following papers

*Check all that apply.*

Certificate declaration the association's

Certificate of appointment of the Board of Directors

Association logo

Certificate of authorization to represent the association personal photo passport copy

Website / phone / WhatsApp / email