

Membership Form

Full Members: National/Regional Coordinators



Organizations who wish to join EMNYTP are required to complete this form and send it to:
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)

Seminars	<input type="checkbox"/>	Conferences	<input type="checkbox"/>	Workshops	<input type="checkbox"/>
Study Sessions	<input type="checkbox"/>	Training courses	<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. EQUIPMENT AND FACILITIES

To provide a consistent level of service among Network members to the public, each National Coordinator or *Regional Coordinator* should possess or have reasonable access to:

1.	A telephone and mailing address for requesters to contact them for information;	
2.	A display area for materials and a reading room (dependent on the Center's capabilities);	
3.	Adequate storage space for bulk quantities of materials (can be provided by another organization);	
4.	A VCR and/or DVD player and TV monitor;	
5.	Online databases and Internet (e.g., through universities or libraries);	
6.	A personal computer equipped with Internet connection and Web browser, printer, associated software, back-up disks, and other computer supplies; and	
7.	A facsimile (FAX) machine.	

Please tick above on the items where applicable.

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

1.
2.
3.

8. Sources of Funding

European	<input type="checkbox"/>	Local government	<input type="checkbox"/>	Local/regional non-governmental	<input type="checkbox"/>
Own activities	<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.

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

1.
2.
3.

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

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

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

Name:	Signed:	Date:
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For office use only

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