



منظمة الموفقين والوسطاء والرقابيين الأفارقة  
African Ombudsman and Mediators Association  
Association des Ombudsman et Mediateurs Africains  
Associação dos Ombudsman e Mediadores Africanos

## **AOMA MEMBERSHIP APPLICATION FORM**

MEMBERSHIP TYPE SOUGHT:

Ordinary	
Associate	
Honorary	

Contact Person

### **DETAILS**

Name of institution

Type of institution

Physical Address

Postal Address

Telephone

Fax No

Email

Website link

Details of current Head of Institution

Details of Publicity Officer

## **DECLARATION**

By signing and submitting this form, I (being an authorised representative of the Ombudsman Institution), declare and affirm as follows;

1. I have read the AOMA Constitution and Code of Conduct insofar as they apply to matters of Membership and are in agreement
2. I have satisfied myself that the office applying for membership meets the requirements listed in the AOMA Constitution and Code of Conduct and or that once membership is accepted, my office will seek the assistance of AOMA to meet the outstanding requirements within the first membership year.
3. That the attached information confirms eligibility of Membership
4. The statute establishing this Ombudsman Office and its current five year strategic plan is attached herewith the application.

Date of Application

Name of Authorised Applicant

Designation

Signature