



Membership Form

Please complete the information below and email to info@csafrica.org or fax it to +1-310-455-0506.

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| First and Last Name | |
| Organization Name | |
| Street/PO Box City, State, Postal Code Country | |
| Email Address | |
| Website Address | |
| How did you hear about us? | |
| Please tell us about your work and/or your organization's work? | |
| | |
| In what way(s) do you envision participating in CSAfrica? | |
| | |
| Please tell us how you or your organization is practicing or establishing 3 of our 5 Guiding Principles and Criteria. (www.csafrica.org/aboutcsafrica.htm) | |
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