



# TANZANIA AIDS FORUM (TAF)

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## Part B: Application form to the TAF

1. Name of organization: \_\_\_\_\_

2. Contact person: \_\_\_\_\_

3. Address:

P.O. Box \_\_\_\_\_

Street \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

4. Thematic areas covered by the organization<sup>1</sup>

1.1. \_\_\_\_\_

2.2. \_\_\_\_\_

3.3. \_\_\_\_\_

4.4. \_\_\_\_\_

5. Regional coverage

1.1. \_\_\_\_\_

2.2. \_\_\_\_\_

3.3. \_\_\_\_\_

6. Choose favorite type of membership

6.1. Full Member

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<sup>1</sup> As per New dialogues structure under MKUKKUTA

6.2 Associate member

7. Enclosed the followings (Please tick)

1.1. Strategic plan

2.2. Dully signed MU

3.3. Latest annual report

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8. Decision by secretariat

1.1. Membership granted

2.2. Membership rejected

3.3. State reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once you have read, printed, fill the MoU and Stamp as appropriate. Then send both forms to the address below. Do not forget to enclose necessary documents as per section 6 of Appendix II.

**Address:**

THE SECRETARIAT FOR TANZANIA AIDS FORUM (TAF)  
C/O P. O. BOX 65147  
DAR ES SALAAM  
TANZANIA