NGO Committee on Migration
www.ngo-migration.org
ngomigrationcommittee@gmail.com

Membership Form
(1 January-31 December 2018)

Date: _____

Organization Name _____

Organization ECOSOC Status: **General** **Special** **Roster** **DPI** **None**

Representative's Name _____

Representative's E-Mail_____

Phone Number_____

Address _____

Regional Focus _____

Issue Focus _____

DESCRIPTION	**AMOUNT**
Membership dues	$30
Donation	___
Total	___

Please make check payable to: NGO Committee on Migration
C/O Eva Richter
505 West End Avenue Apt 11B
New York, NY 10024

NGO Committee on Migration

Received from _____ of _____
Name of Person Providing the Dues — Organization's Official Name

Sum of $_____ Cash_____ Check#_____

Signed _____ Date _____
Treasurer