



**MAURITIUS FAMILY PLANNING AND WELFARE ASSOCIATION**  
**30 SSR Street, Port-Louis, Mauritius**

No:.....

For office  
use only

**MEMBERSHIP FORM**

**INSTITUTIONAL MEMBER**

Name of Institution .....

Address.....

Registration Number\*.....

Name of Director, President or Authorised representative.....

Phone no. Office.....Fax..... Website.....

Email address.....

Field or Activity .....

.....

Experience.....

.....

**We agree to abide by the Rules and Regulations of the Association and  
to pay the Subscription fee of Rs 1,500 and Annual fee of Rs 800.**

Date: .....

Signature and Seal: .....

\* Attach copy of registration



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**INSTITUTIONAL MEMBER CRITERIA FOR ELIGIBILITY**

An institutional member of the Association shall be proven experience in promoting, developing or implementing, in the Island of Mauritius and Rodrigues, social programmes, including programmes involving sex education, family planning, youth counselling, psychological support, sexual health and reproduction.