



C.L.A.N. AFFILIATION FORM

Organization Name: _____

Date: _____

1. PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Nationality: _____

Phone Number: _____

Email Address: _____

Address: _____

2. ORGANIZATION / MINISTRY / COMPANY DETAILS

Name of Affiliated Organization (if applicable): _____

Position/Role: _____

Years of Experience: _____

Area of Specialty / Focus: _____

3. REASON FOR AFFILIATION

☐ Partnership Collaboration

☐ Program Participation

☐ Training or Capacity Building

☐ Spiritual / Ministerial Support

☐ Other (please specify): _____

4. CLAN LEADER COACH OPTION

☐ **I would like to become a C.L.A.N. Leader Coach**

(Please note that additional training and approval may be required.)

5. COMMITMENT DECLARATION

I, _____, hereby request to be affiliated with
C.L.A.N.

I agree to uphold the vision, mission, and values of the organization and commit to active participation and collaboration.

Signature: _____

Date: _____

6. OFFICE USE ONLY

Received by: _____

Date: _____

Affiliation Approved: ☐ Yes ☐ No

Remarks: _____

