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| **Tool 2: Membership Form Template** |
| **First name and last name of the Member**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position:**

|  |  |  |
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| [ ] EPI SC Manager | [ ] EPI SC Officer | [ ] Chief CCL Officer |
| [ ] National logistician | [ ] Donor | [ ] Implementing partner |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**List of expertise**[ ] Forecasting and quantity product needs[ ] Procurement[ ] Vaccine management [ ] Supply chain management[ ] Cold chain equipment and temperature monitoring [ ] Strategic planning and monitoring [ ] Use of medical products[ ] Resource management [ ] EVM assessment[ ] GAVI HSS applications[ ] Preparing new vaccine introduction[ ] OPV switch[ ] SIA’s / Campaigns[ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NLWG’s assignment:**[ ] Chair[ ] Secretary[ ] CCL specialistPlace and date of registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |