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| **Tool 2: Membership Form Template** |
| **First name and last name of the Member**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position:**   |  |  |  | | --- | --- | --- | | 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 specialist  Place and date of registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |