



Office of the Director

Date:-----/-----/-----

Introduction

Somali Disability Empowerment Network is a non-profit, non-governmental organization that assists the mobility challenged individuals to build better lives through social integration, skill development, and community base rehabilitation CBR

SODEN is network that has been founded by individuals and DPOs that have faced the real challenges of having a disability, and who have been touched by the success of other members of this group in their professional and social life. In an effort to replicate that success in the rest of the community, the idea of establishing a unique organization with a certain perspective has sprung.

Terms and conditions

It is an honor for us, SODEN that you choose to be part of the SODEN network. Currently, joining to the network is free of charge and without any condition. Be noticed, it is possible to charge the members of the network any time in the future in order to cover the necessities of the network, and we will inform you by the time it is begun.

On the other side, you can send a representative member from your organization to be part of the members of the SODEN network. and fill in post of your membership. Administration of the network and the management of the team is rested on the operating staff whilst cooperation and consultation is greatly needed from your side. And the network represents its members in the meetings attended by stating your membership as you have a representative in the network.

Finally the members of the SODEN network have their own liberty to do their own activities and the SODEN network a will do nothing to intervene with them. It is an network created by all for only a common purpose that is shared by all.

HQ: Mogadishu. Somalia

Web: www.somalidisability.org

Email: info@somalidisability.org

Twitter: @sodennet

Skype: sodenso

(Use only hand writing to fill this form and return again our email bellow)

MEMBER FORM

Organization name _____

Organization name as (acronym) _____

Type of organization _____

What does the organization _____

Number of BODs _____

Chair person of BODs _____

Contact person (full name) _____

Contact person Email _____ Tell _____

Organization Email _____ Website _____

Organization Physical address _____

Organization Base city/town or country _____

Sign of chair person _____ Stamp.

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