***Annex 23:***

***Suggested ABSNET Active Membership Certification***

 ***(Letterhead of ABSNET)***

**CERTIFICATION**

This is to certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA)

located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office Address)

is an **ACTIVE** Member of ABSNET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Name of ABSNET Cluster)

This certification is issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of SWDA)

to support its application with DSWD for:

* Licensing
* Accreditation
* Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(ABSNET Regional President/Chairperson of Cluster/Authorized Officer)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Designation/Position)*

**UNDERTAKING**

For the compliance period, I am submitting the requirements for Licensing/Accreditation of our organization. I hereby undertake to comply the 75% attendance required for ABSNET meetings. I understand that in the event I fail to comply after this issuance, our organization will no longer be given this undertaking for active membership.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature Over Printed Name of the Executive Director

 or Program Head)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Position/Designation of the Agency Head or Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)